

TENANT RELEASE AND CONSENT

I, We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Charles Pointe Apartments, for purposes of verifying information on my/our apartment.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity (criminal background check), employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes, but is not limited to:

Past and Present Employers	Welfare Agencies	Veterans Admin
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Medical and Child Care Providers	Banks and other Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	(Print Name)	Date
_____ Co-Applicant/Resident	(Print Name)	Date
_____ Adult Member	(Print Name)	Date