



**TENANT RELEASE &
CONSENT FORM**

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 Priority Property Management for purposes of verifying information on my/our rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, 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/our eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked the above information include, but are not limited to:

- | | |
|--------------------------------|--------------------------------------|
| Past and Present Employers | Welfare Agencies |
| Veterans Administration | Previous Landlords |
| State Unemployment Agencies | Retirement Systems |
| Social Security Administration | Banks & Other Financial Institutions |
| Support & Alimony Providers | Medical & Childcare Providers |

SIGNATURES

_____ Signature of Applicant #1	_____ Print Name	_____ Date
_____ Signature of Applicant #2	_____ Print Name	_____ Date
_____ Signature of Applicant #3	_____ Print Name	_____ Date