

Authorization To Release Rental Information

This form will serve to acknowledge that the signed individual(s) below have authorized [_____] to obtain information about their previous rental and payment history.

Renters Information:

Name of Primary Renter: _____

Social Security # of Primary Renter: _____

Date of Birth: _____

Drivers License #: _____

Name of Secondary Renter: _____

Social Security # of Secondary Renter: _____

Date of Birth: _____

Drivers License #: _____

Rental Property & Landlord Information: (Must account for previous 2 years of rental history)

Property Address: _____

City, State, Zip: _____

Name of Landlord: _____

Phone #: _____

From: _____ To: _____ Rent amount at Start: \$ _____ Rent amount at End: \$ _____

Property Address: _____

City, State, Zip: _____

Name of Landlord: _____

Phone #: _____

From: _____ To: _____ Rent amount at Start: \$ _____ Rent amount at End: \$ _____

Property Address: _____

City, State, Zip: _____

Name of Landlord: _____

Phone #: _____

From: _____ To: _____ Rent amount at Start: \$ _____ Rent amount at End: \$ _____

Applicant's Signature:

Primary Applicant

Date

Secondary Applicant

Date

NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE