

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/ manager of the apartment community listed below, and/or the Arkansas Department of Housing and Community Affairs.

**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, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain 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 include, but are not limited to:

- |  |  |                                  |
|--|--|----------------------------------|
| Past and Present Employers             | Welfare agencies                                       | Veterans Administrations         |
| Support and Alimony Providers          | State Unemployment Agencies                            | Retirement Systems               |
| Educational Institutions               | Social Security Administration                         | Medical and Child Care Providers |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) |                                  |

**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 that date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

---

*SIGNATURES*

_____ Applicant/Resident	_____ Print Name	_____ Social Security #	_____ Date
_____ Co/Applicant/Resident	_____ Print Name	_____ Social Security #	_____ Date
_____ Adult Member	_____ Print Name	_____ Social Security #	_____ Date
_____ Adult Member	_____ Print Name	_____ Social Security #	_____ Date
_____ Apartment Name	_____ Contact	_____ Phone	_____

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPERATLEY.