

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 Texas 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, and 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 a 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 are not limited to:

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

CONDITIONS

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

SIGNATURES

_____ Applicant/Resident	_____ (Printed Name)	_____ Date
_____ Co- Applicant/Resident	_____ (Printed Name)	_____ Date
_____ Adult Member	_____ (Printed Name)	_____ Date
_____ Adult Member	_____ (Printed Name)	_____ Date
Raintree /Picadilly Apts. Apartment Name	Sarah Ingroum Contact	(254) 776-4264 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 A COPY OF A TAX FORM MUST BE PREPARED AND SIGNED SEPARATELY.
Revised 02-10-99