****

**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/assets for purposes 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.

**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; employment, income, and assets; criminal history. 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 include, but are not limited to:

 Past and Present Employers

 Previous Landlords (including Public Housing Agencies)

 ND Rent Help

 State Unemployment Agencies

 Social Security Administration

 Veterans Administration

 Retirement Systems

 Bank and other Financial Institutions

 Probation/Parole/Care Coordinators/Drug Court Coordinators

 Utility Companies

**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 I/We have a right to review this file and correct information that I/We can prove is incorrect.

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
| Applicant/Resident | (Print Name) | Date |
| Co-Applicant/Resident | (Print Name) | Date |
| Apartment Name | (Print Name) | Date |