

Authorization For Release of Information

Consent:

I _____, 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 the Owner or Agent identified below for purposes of verifying information on my apartment rental application.

Information Covered:

I understand that, depending on program policies and requirements, previous or current information may be needed. Verification and inquiries that may be requested include, but are not limited to:

| | |
|----------------------------------|-------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Resident and Rental Activity | |

Groups or Individuals That May Be Asked:

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

| | | |
|--------------------------------|-----------------------------------|---|
| Past and Present Employers | Welfare Agencies | Previous Landlords (incl Public Housing Agencies) |
| Veterans Administration | State Unemployment Agencies | Banks and other Financial Inst. |
| Retirement System | Social Security Administration | Schools & Colleges |
| Medical & Child Care Providers | Credit Providers / Credit Bureaus | Law Enforcement Agencies |
| Courts & Post Offices | | |

Conditions:

I 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 one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Print Name

Signature

Date

Authorized Agent for Owner:
Contemporary Housing Alternatives of Florida, Inc.
Corporate Offices
2675 50th Avenue North #123A
St. Petersburg, FL 33714
Phone (727) 522-1504
Fax (727) 522-0713