

RESIDENCE AUTHORIZATION AND RELEASE

Name of Applicant _____

I, the undersigned, do hereby authorize _____ *(Name of current landlord)* to completely and accurately answer these questions. I hereby release them from any liability for the answers provided.

Landlord's phone number _____

Signed _____ Date _____

(Top portion to be completed by applicant)

(Bottom portion to be completed by leasing office)

Duration of residence: (From) _____ (To) _____

Were any other persons identified on the lease? Yes No

If yes, name: _____

Applicable rental rate during residency: \$ _____ /month

Was the full term of the lease fulfilled? Yes No

If no, date residence was vacated: _____

Was the applicant the subject of a forcible detainer action? Yes No

If yes, state grounds:
 Non-payment of rent
 Immediate and irreparable breach
 Abandonment
 Other (please specify) _____

Did the applicant violate any community policies? Yes No

If yes, what policy? _____

Was the deposit or any portion thereof withheld due to damage to the unit? Yes No

I, _____, a duly authorized representative of _____,
do hereby swear and affirm that the following is accurate and complete to the best of my knowledge:

