

FOR OFFICE USE ONLY

Authorization to release information to Village Apartment Associates

Applicants Name: _____ **Apt:** _____

PRESENT HOUSING REFERENCE Property Name: _____

Verifier's Name and Title: _____

Applicants Address: _____ Lease began: _____ End: _____

Was all rent paid on time? Yes No If no, how many times late? _____

Were there any NSF checks issued? Yes No

Were there any lease violations or warnings issued for anything other than non-payment of rent?

Yes No If yes, please explain _____

Would you re-rent to this person? Yes No Comments: _____

Verifier's Signature: _____ Date: _____

PREVIOUS HOUSING REFERENCE Property Name: _____

Verifier's Name and Title: _____

Applicants Address: _____ Lease began: _____ End: _____

Was all rent paid on time? Yes No If no, how many times late? _____

Were there any NSF checks issued? Yes No

Were there any lease violations or warnings issued for anything other than non-payment of rent?

Yes No If yes, please explain _____

Would you re-rent to this person? Yes No Comments: _____

Verifier's Signature: _____ Date: _____

INCOME: Company Name _____

Verifier's Name: _____ Position: _____

Start Date of Employment _____ Position & Title: _____

End date of employment(if applicable): _____ Average hours per week _____

Permanent Part-time LT Hourly Salary Wages per hour/month or year: _____

Verifier's Signature: _____ Date: _____

INCOME: Company Name _____

Verifiers Name: _____ Position: _____

Start Date of Employment _____ Position & Title: _____

End date of employment(if applicable): _____ Average hours per week _____

Permanent Part-time LT Hourly Salary Wages per hour/month or year: _____

Verifier's Signature: _____ Date: _____

By signing below, applicant authorizes the release of ALL of the above information requested and asks for a cooperative and immediate response to the Village Apartment Associates staff.

Signature: _____ Date: _____