

Authorization to Release Information Related to a Residential Lease Applicant

I,	(applicant), have submitted an
application to lease a property located at	(address,city,state,zip)
The landlord or landlord's representative who will verify inf	formation is:
Anne Duncan	(name)
PO Box 293091	(address)
Lewisville, TX 75029	(city,state,zip)
469-209-5512 (phone) <u>773-409-2195</u>	(fax)
Anne@AJAssets.com	(email)
I give my permission:	
(1) to my current and former employers to release any information history to the above named person;	nation about my employment history and income
(2) to my current and former landlords to release any inform person;	ation about my rental history to the above named
(3) to my current and former mortgage lenders on property to about my mortgage payment history to the above named per	· · · · · · · · · · · · · · · · · · ·
(4) to my bank, savings and loan, or credit union to provide above named person, and	a verification of funds that I have on deposit to the
(5) to the above named person to obtain a copy of my consurreporting agency and to obtain criminal background information	<u> </u>
Applicant's Signature	Date