Keys for Vets Property Management

Applicant Authorization to Release Rental History

APPLICANT INFORMATION

Full Name: _____

Current Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

RENTAL HISTORY RELEASE AUTHORIZATION

I, the undersigned applicant, hereby authorize Keys for Vets Property Management, its agents, employees, or representatives, to obtain information regarding my current and prior rental history for the purpose of evaluating my application for housing.

This authorization includes, but is not limited to, verification of:
- Dates of tenancy
- Monthly rent amount
- Payment history and any delinquencies
- Lease violations
- Complaints or incidents during tenancy
- Notice given and move-out condition
- Any other information relevant to my history as a tenant

I authorize any landlord, property manager, or leasing agent to release the above information to Keys for Vets Property Management, either orally or in writing. I release all parties from any liability for furnishing this information.

This authorization shall remain valid for 90 days from the date of signature below.

SIGNATURE & DATE

Applicant Signature: _____

Date: _____