

## Authorization to Release Information

I hereby authorize the below listed landlord and employer to release the requested information below to CLC Screenings, which information shall only be used for the sole purpose of verifying employment and residency as listed on the tenant application. Applicant also agrees to have CLC Screenings complete a Comprehensive Background Check on Applicant and Co-Applicant(s), and results of the screening process will be provided to the appropriate property manager for the approval process. I understand CLC Screenings is not responsible for any approval or denial of housing and shall not be held liable for denial of said applications by the property management or real estate agent.

Signature of Applicant (Must Be Over 18 Years of Age		/		
Applicant Name	middle		last	
Current Address		city		state
Phone	Email			
<b>Residency Verification</b>				
Landlord Name		ast		
Phone		151		
Move in date//	Lea	ase expiration dat	te/	/
Damage to property? yes no	Any pets?	yes no 1	ype/breed	
Rent Paid \$/ month			_	_
Any late payments, evictions (written or verba If yes, please explain.	I),association	violations, or con	nplaints? yes	s no
Signature of of Landlord Providing Information Employment Verification		/date	_/	
Currently employed? yes no Current employer: Start date/ Monthly Current pay stubs can sent to verifications@	gross income	?		1