

Authorization to Release Information - to be filled out by applicant

I hereby authorize the below listed employer to release the requested information below to CAPS 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 CAPS 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 CAPS 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) _____ date ____/____/____

applicant name _____
first _____ middle _____ last _____

address _____
address line1 _____

address line2 _____

city _____ state _____ zip _____

phone _____ - _____ - _____ email _____

Employment Verification - to be filled out by current employer

currently employed? ☐ yes ☐ no

current employer name _____

start date ____/____/____ average monthly gross salary or wages \$ _____

signature of of employer providing information _____ date ____/____/____

Completed form and two months of bank statements
should be emailed to **verifications@capsflorida.com**