

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 ap	oplicant (must be over 18	date	// date	
applicant nan	ne			
	first	middle	last	
addre	SS			
	address line1			
	address line2			
	city	state	zip	
pho	ne	email		
Employm	ent Verification	- to be filled out by current e	mplover	
		verifications@capsflorida.com		
	loyed? yes no			
-	-			
siari aale	//	average monthly gross sale	ary or wages s	
signature of of	employer providing infor	mation	date	/

Current pay stubs should be be emailed to verifications@capsflorida.com