

Authorization to Release Information - to be filled out by applicant

I hereby authorize the below listed landlord to release the requested information below to CAPS Screenings, which information shall only be used for the sole purpose of verifying 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** _____

Residency Verification - to be filled out by current landlord

Completed form should be emailed to verifications@capsflorida.com

landlord name _____
first last

company name _____

phone ____-____-____ **email** _____

move in date ____/____/____ **lease expiration date** ____/____/____ **rent paid \$** ____/month

any pets? yes no if yes type/breed _____/_____

Is the above person(s) a responsible party on the lease? yes no

Are there additional, authorized occupants on the lease? yes no

Did resident give proper notice? yes no

Did you conduct a background check on applicant? yes no

Damage to property? yes no

Would resident be eligible to re-rent? yes no

Any late payments, balance/fees owed, evictions (written or verbal), association violations and or complaints? yes no

If yes, please explain _____

Signature of of Landlord Providing Information _____ date ____/____/____