

Authorization to Release Information - to be filled out by applicant

I hereby authorize the below listed landlord to release the requested information below to CLC 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 CLC Screenings complete a Comprehensive Background Check on Applicant and Co-Applicant(s), and results of the screenings 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) _____ date

Applicant Name _____
first middle last

Current Address _____
street & apt# city state

Phone ____-____-____ **Email** _____

Residency Verification - to be filled out by current landlord

Completed form should be emailed to verifications@clcscreenings.com or faxed to **1 [866] 639-0581**

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

