

Beaver Meadow Apartments
15963 Eimicke Place
Watertown, N.Y. 13601
788-7810 (fax)788-7811

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to Beaver Meadow Apartments., any information or documentation needed to complete and verify my application for housing and/or to meet annual certification requirements for continuing occupancy.

I give my consent for the releases also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by Beaver Meadow Apartments in administering and enforcing rules and policies, and compliance requirements.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: Childcare * Credit History * Criminal Activity * Household Composition * Employment, Income, Pensions and Assets * Federal, State, Tribal or Local Benefits * Proof of Identity * Social Security Numbers * Rental History

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for housing, or for meeting my annual certification requirements.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

- Banks and other Financial Institutions
- Credit Bureaus
- Landlords
- US Social Security Administration
- Social/Economic Welfare Agencies, including Section 8
- Providers of alimony, child support, disability assistance, pensions, annuities and utility companies
- Courts and law enforcement agencies
- Employers, past and present
- Schools and Colleges
- US Dept. of Veteran Affairs

I agree that a copy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Beaver Meadow Apartments 15963 Eimicke Place, Watertown, NY 13601. I understand that I have a right to correct any information that I can prove is incorrect. I understand that if I do not sign this authorization, my application for housing may be denied. If currently a resident and I fail to cooperate in the annual certification process, my lease is terminated.

This release is valid for thirteen (13) months following the date of signature.

Applicant/Tenant Signature

Date

Print Name

On Behalf of Minor Children or Other