

Authorization to Release Information

Related to a Residential Lease Applicant

 I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** , have submitted an application to lease a property located at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 The landlord or landlord’s representative who will verify information is:

Exit Property Management

2630 Memorial Blvd Murfreesboro TN 37129

615-869-1401 office

615-713-5089 fax

PropertyManager@ExitPropertyRentals.com

I give my permission:

 (1) to my current and former employers to release any information about my

Employment history and income history to the above named person;

(2) to my current and former landlords to release any information about my rental

History to the above named person;

(3) to my current and former mortgage lenders on property that I own or have owned

to release any information about my mortgage payment history to the above

Named person;

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Signature Signature