

**TENANT RELEASE AND CONSENT FORM**

I /We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to:

\_\_\_\_\_  
(Owner or Agent)

for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are limited to: personal identity, employment, income, and asset; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant. The information gathered may be released to the particular landlord I/We am/are renting from and to any other governing agency responsible for auditing the Small Rental Assistance Program including, but not limited to: Department of Housing and Urban Development (HUD), Office of Inspector General (OIG), and/or Mississippi Development Authority (MDA).

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                            |                                |
|----------------------------|--------------------------------|
| Past and Present Employers | Welfare Agencies               |
| Alimony Providers          | State Unemployment Agencies    |
| Veterans Administration    | Social Security Administration |

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

**SIGNATURES**

_____ Tenant	_____ Print Name	_____ Date
_____ Co-Tenant	_____ Print Name	_____ Date
_____ Adult Household Member	_____ Print Name	_____ Date
_____ Adult Household Member	_____ Print Name	_____ Date

**Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, a request for a copy of tax form must be prepared and signed separately.**