



Release of Information

This form will be used to request a current copy of your criminal background, if any, credit background and references, employment verification, asset verification and student status verification, if applicable, and any other certification required third party verifications. Adult applicants and residents are required to complete this form on an annual basis for our agency to determine eligibility for residency. The records we obtain will be kept confidential.

First and Last Name

____/____/_____
Date of Birth

Last 4 of Social Security Number

Under penalty of perjury, I certify that the information presented on this for is true and accurate to the best of my knowledge. By signing below, I authorize Housing Catalyst to investigate my criminal background, if any, credit background, employment verification, asset verification and student status verification, if applicable, and any other required third party verifications. I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Signature of Applicant/Resident

Date

Emergency Contact Name and Relationship:		
Phone Number:		
Do you authorize Housing Catalyst to contact and discuss your residency information with the listed Emergency Contact? Circle One:	Yes	No