



AUTHORIZATION FOR RELEASE OF INFORMATION



CONSENT

I give my full consent to Coachlight Village Management to obtain a Credit Report through ACUTRAQ. I understand and agree that this report will become the property Coachlight Village and will not be discussed with anyone, including myself. In the event I am declined due to the information found in the Credit Report, I will receive notification from Coachlight Village, by mail, including instructions how to obtain a free copy of my credit report. Coachlight Village Management or the property is not in any way responsible for the findings on the credit report.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquires that may be requested, include but are not limited to:

- | | |
|----------------------------------|-------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

- | | |
|--|--|
| Previous Landlords (Including Public Housing Agencies) | Past and Present Employers |
| Courts and Post Offices | State Employment Security Divisions |
| Law Enforcement Agencies | Social Security Administration |
| Medical and Child Care Providers | Child Support and Alimony Providers |
| Retirement Systems | Veterans Administration |
| Utility Companies | Banks and other Financial Institutions |
| Credit Providers and Credit Bureaus | Schools, University's and Colleges |

CONDITIONS

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

SIGNATURES

_____	_____	____/____/____
Head of Household	(Print Name)	Date
_____	_____	____/____/____
Spouse	(Print Name)	Date
_____	_____	____/____/____
Adult Member	(Print Name)	Date
_____	_____	____/____/____
Adult Member	(Print Name)	Date

The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.