CLC Screenings

Authorization to Release Information - to be filled out by applicant

I hereby authorize the below listed landlord and employer to release the requested information below to CLC Screenings, which information shall only be used for the sole purpose of verifying employment and residency as listed on the tenant application. Applicant also agrees to have CLC Screenings complete a Comprehensive Background Check on Applicant and Co-Applicant(s), and results of the screening process will be provided to the appropriate property manager for the approval process. I understand CLC Screenings is not responsible for any approval or denial of housing and shall not be held liable for denial of said applications by the property management or real estate agent.

_____ _____/_____/_____
Signature of Applicant (Must Be Over 18 Years of Age) date

Applicant Name _____ _____ _____
first middle last

Current Address _____ _____ _____
street & apt# city state

Phone _____-_____-_____ **Email**_____

Employment Verification - to be filled out by employer and faxed to 1 [866] 639-0581

Currently employed? ☐ **yes** ☐ **no**

Current employer name: _____

Start date _____/_____/_____

Average monthly gross salary or wages **$**_____

_____ _____/_____/_____
Signature of of Employer Providing Information date

Current pay stubs should be be sent to verifications@clcscreenings.com or **fax 1 [866] 639-0581**