CLC Screenings

Authorization to Release Information - to be filed 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**_____

Residency Verification - to be filled out by current landlord and faxed to 1 [866] 639-0581

Landlord Name _____ _____
first last

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

Move in date _____/_____/_____ **Lease expiration date** _____/_____/_____

Rent Paid $ _____/ **month**

Is the above person(s) a responsible party on the lease? ☐ **yes** ☐ **no**

Are there additional, authorized occupants on the lease? ☐ **yes** ☐ **no**

Did resident give proper notice? ☐ **yes** ☐ **no**

Damage to property? ☐ **yes** ☐ **no** **Any pets?** ☐ **yes** ☐ **no** **Type/breed** _____

Any late payments, balance/fees owed, evictions (written or verbal), association violations, complaints and or would resident be eligible to re-rent? ☐ **yes** ☐ **no**

If yes, please explain._____

_____

_____

_____ _____/_____/_____
Signature of of Landlord Providing Information date