Rental Applicants' Authorization

Date:		
Applicant's Information:		
Name(s):		
Address:		
Phone Number:		
Email Address:		
To Whom It May Concern, I/we,		
(Applicant's Birthdate) (Applicant's Birthdate	e) authorize HouseKeys, the City
of (enter City's) ar	າd the Property Management	t Staff to release, discuss and share all my
personal and financial informati	on pertaining to my rental ho	ousing application with:
Full Name:	Relashionship	
Phone Number:	Email Address:	
Full Name:	Relashionship	
Phone Number:	Email Address:	
And with all the parties and age	ncies listed on this authorizat	tion form.
Attached, please find copies of	the driver licenses of the peo	ople listed on this form.
I/we,	(Insert Applicant(s) Name) understand that it's my responsibility to	
submit all the required docume	ntation and meet all the deac	dlines associated with my application throughout
the process.		
Applicant(s):		
Print Name	Signature	
Print Name	Signature	