AUTHORIZATION FOR RELEASE OF INFORMATION

EQUAL HOUSING OPPORTUNITY

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low Income Public and Indian Housing assistance programs. I understand that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administrating and enforcing rules and polices. I also consent for HUD, credit bureaus, collection agencies, or future landlords to release information which includes records on my payment history and any violations of my Lease or Occupancy Policies.

I give my full consent to Professional Property Management to obtain a Credit Report through ACUTRAQ. I understand and agree that this report will become the property of the named apartment complex herein 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 the apartment complex, by mail, including instructions how to obtain a free copy of my credit report. Professional Property 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
Medical or Child Care Allowances
Residences and Rental Activity
Employment, Income and Assets
Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

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

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.