



**Authorization for Release of Information**

The undersigned applicants(s) hereby authorize Connecticut Real Estate Management to request the following from any/all individuals, employers, agencies, bureaus, or doctors as the case may be:

- Verification of Employment
- Verification of Social Security Payments
- Verification of Pension
- Verification of Assets / Financial Information
- Any other Income
- Landlord Reference
- Credit Report
- Child Care Expenses
- Medical Information (to verify "Handicapped" status)
- Full-time Student Verification
- Police Check

It is understood that the information obtained will be kept confidential and used only in connection with the undersigned applicant for housing.

A copy or fax of this authorization shall be considered valid as the original.

Name (Applicant / Tenant #1) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name (Applicant / Tenant #2) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_