



Orchard Court Apartments
969 Wood Rd, Office Suite 107
Kenosha, WI 53144
(262) 553-9009 Fax (262) 553-9394

Authorization For Release Of Information

Date: ____/____/____

Applicant's Name: _____

Previous Last Name(s): _____

Address: _____

City _____ State _____ Zip _____

Social Security Number: ____ - ____ - ____

Date Of Birth: ____/____/____

Sex: Male Female

The information being requested is for the purpose of determining my eligibility.

I hereby give permission to release information regarding my background, rental history, employment history, police records and credit report. I understand that it will be kept in strict confidence and be used for program purposes only.

I would appreciate your prompt attention in supplying the requested information.

I understand that a photocopy of this release is as valid as the original. Thank you for your assistance and cooperation in this matter.

Applicant's Signature **X** _____

Information Being Requested:

- Landlord Reference
- Police Records
- Credit Report
- Employment Verification
- Background Check
- Process Server Verification