

AUTHORIZATION AND RELEASE FORM

I/we hereby authorize Fountains of Wauwatosa, the "lessor," to verify my past and present employment, earnings, rental, credit and criminal history, and any other information that may be needed to process a rental application with _____.

It is understood that a photocopy, fax or other facsimile of this document will also serve as authorization to any employer, lender, bank, landlord, etc. to release this information.

Any information the "Lessor" obtains will be used for rental application processing only.

(Please Print)

Name: _____

Name: _____
(Other adult household member - If applicable)

Address: _____

City, State, Zip: _____

Social Security #: _____ (other)

Date of Birth: _____ (other)

On the spaces below, please list all states you have resided in since 1996 including those listed on the rental application:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Is any person who resides/ will reside in the household subject to state sex offender lifetime registration requirement? Yes _____ Whom: _____ No _____

Signature: _____ Date: _____

Signature: _____ Date: _____
(other)



We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)