## STEELHEAD MANAGEMENT

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

## FOR PROPER PROCESSING, THIS FORM MUST BE FILLED OUT BY APPLICANT COMPLETELY.

LAST NAME:	M.I		
FIRST NAME:	DATE OF BIRTH://		
Social Security Number:		Male: Female:	
Street Number:	Street Name:		
Street Type (Ln, Rd, St, Cir, Ave)	Apt#	Rent/Mortgage \$	
City:	State:	Zip Code:	
Monthly Income: \$			
I do hereby authorize a review and limited to, credit history, civil and rental history, employment/salary other financial or background infor STEELHEAD MANAGEMENT; of MANAGEMENT ("Landlord Representatives, the agents and employees from and agareasonable attorney's fees arising of intention of this authorization is to much information as possible that lease application with BATTERY H	d criminal background details, vehicle recommender concerning a recompanies owned resentatives"). I agreement to whom the control of or by reason of provide the Landlo will be utilized for	und information, records of ords, licensing records, and myself by/to authorized persorby or affiliated with, STEEI ree to indemnify and hold hais request is presented and nages, losses and expenses, in of complying with this requerd Representatives with acceptable to the approval or disapprova	arrest, lor any onnel of LHEAD armless his/her acluding est. The
Date:/	Signature:		

Witness Signature: