

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 full disclosure of all of my records, including, but not limited to, credit history, civil and criminal background information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other financial or background information concerning myself by/to authorized personnel of STEELHEAD MANAGEMENT; or companies owned by or affiliated with, STEELHEAD MANAGEMENT (“Landlord Representatives”). I agree to indemnify and hold harmless the Landlord Representatives, the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney’s fees arising out of or by reason of complying with this request. The intention of this authorization is to provide the Landlord Representatives with access to as much information as possible that will be utilized for the approval or disapproval of the lease application with BATTERY HEIGHTS APARTMENTS

Date: ____/____/____

Signature: _____

Witness Signature: _____