



*PO BOX 1358,  
DeFUNIAK SPRINGS, FL 32435  
(850) 892-3334  
(850) 892-7100 Fax*

## RELEASE OF INFORMATION CONSENT FORM

I/We \_\_\_\_\_, the undersigned, hereby authorize all persons of companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our rental and related information. I/We authorize release of information without liability to the Owner/Manager of Rushing Properties, LLC listed below:

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances, residency history, criminal history and credit history. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past & Present Employers	Welfare Agencies	Veterans Administrations
Support & Alimony Providers	State Unemployment	Retirement Systems
Educational Institutions	Social Security Administration	Medical & Child Care Providers
Banks & other Financial Institutions	Previous Landlords	Utility Information
Public Housing Agencies	Credit Bureau(s)	Court Records

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for one year and one month from the termination of the signed Lease Agreement. I/We understand I/we have a right to review this file and correct any information that is incorrect.

### SIGNATURES

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Resident

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

**Rushing Properties, LLC**

Landlord Name

**Sue Rushing or Tom Birka**

Contact

**850-892-3334**

Phone Number

ANY OCCUPANT EMANCIPATED OR 18 YEARS OF AGE OR OLDER MUST COMPLETE THIS FORM AT MOVE IN.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

THIS FORM IS TO BE USED BY ALL STATES EXCEPT WHEN VERIFYING INCOME THROUGH AN OHIO PUBLIC HOUSING AUTHORITY (PHA). WHEN VERIFYING INCOME THROUGH A PHA FOR OHIO USE FORM (PC-E04).