

AUTHORIZATION TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT

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·,		(Applicant), have submitted an application
to leas	e a property located at	4 44 4
	W W	(address, dity, state, 21p).
The lai	ndlord, broker, or landlord's representative is:	
	AUSTIN OPTIONS REALTY	(name)
	6101 W COURTYARD DR, BLDG 2, STE 100	
		(city, state, zip)
	(512) 250-9882 (phone) (512) 250	- <u>0799 (fax)</u>
	AUSTINOPTIONSPM@GMAIL.COM	(e-mail)
I give r	my permission:	
(1)	to my current and former employers to release any information about my employment history and income history to the above-named person;	
(2)) to my current and former landlords to release any information about my rental history to the above-named person;	
(3)	to my current and former mortgage lenders on property that I own or have owned to release any information about my mortgage payment history to the above-named person;	
(4)	to my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the above-named person; and	
(5)	the above-named person to obtain a copy of my consumer report (credit report) from any consumer report ency and to obtain background information about me.	
Applica	ant's Signature	Date

(TAR-2003) 1-1-14

request.

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