ST JOHN'S PLACE
SENIOR LIVING

Managed by Victoria Community Coalition, Inc.
701 Seventh Street – Suite A, Victoria, KS 67671 – 785-735-2204

Authorization For Release of Information

CONSENT: I authorize and direct any federal, state, or local agency, organization, business, or individual to release information to representatives of St. John's Place Apartments, or its management company, which may be necessary for me to become or remain a rental housing Tenant. I understand and agree that this authorization or the information obtained with its use may be used to administer federal and state housing program guidelines. I also consent for the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease of occupancy guidelines.

INFORMATION COVERED: I understand that previous or current information regarding myself or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

- Identity and marital status
- Residences and rental activity
- Employment, income, assets, pension or benefits
- Credit and criminal activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on the program requirements) include but are not limited to:

- Present and previous landlords (including Public Housing Agencies)
- Courts and post offices
- Schools and Colleges
- Law enforcement agencies
- Retirement systems
- Utility companies
- Past and present employers
- Welfare agencies
- Social Security Administration
- State Employment Bureaus and Services
- Child support/alimony providers
- Banks and other financial institutions
- Children Services

CONDITIONS: I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and six months from the date signed.

TO BE COMPLETED BY APPLICANT/TENANT:

APPLICANT

TENANT: _____

SSN: _____

DATE: _____

_____
APPLICANT/TENANT SIGNATURE

CO-TENANT

CO-TENANT: _____

SSN: _____

DATE: _____

_____
CO-APPLICANT/ CO-TENANT SIGNATURE