



DEARDORF PROPERTY MANAGEMENT, INC.

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CONSENT FOR RELEASE OF INFORMATION

Dear Applicant/ Resident:

Your signature on this form authorizes _____ to obtain any information that is pertinent to eligibility, according to federal law, for residency at the property in which you reside / have applied. Any individual or organization may be asked to release information. A separate form must be completed for each member of the household.

Inquires including, but not limited to, the following information may be made:

Employment Income	Social Security Income	Personal References
Self-Employment Income	Disability Income	
Pension Income	Other Sources of Income	
Assets of Any Kind	Medical/Pharmaceutical Expenses	
Family Composition	Child Support	
Federal, State, Tribal, and Local	Handicap Apparatus Expenses	
Benefits	Other Qualifying Expenses	
Student Status	Landlord References	
Credit References	Childcare expenses	
Criminal Activity	Prescriptions	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Applicant/ Resident Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing at the property which I have applied. I give my permission for the Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Please PRINT all information!

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Social Security #: _____ Birth Date: _____

Driver's License #: _____ State Issued: _____

Signature: _____ Date: _____

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"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."