

8. Employment

Place of Employment: _____ Occupation: _____
Supervisor: _____ Your Work Number: _____
Start Date: _____ Salary, Gross Monthly: _____

LANDLORD REFERENCES – PLEASE LIST YOUR HOUSEHOLD’S LAST 5 YEARS OF HOUSING

(If no landlords, list three personal, but non-related references)

Name _____	Landlord _____	O Rent	O Own
Address _____		From: _____	To: _____
Amount of Rent Paid _____	Telephone _____		

Name _____	Landlord _____	O Rent	O Own
Address _____		From: _____	To: _____
Amount of Rent Paid _____	Telephone _____		

Name _____	Landlord _____	O Rent	O Own
Address _____		From: _____	To: _____
Amount of Rent Paid _____	Telephone _____		

EMERGENCY CONTACT – LIST SOMEONE IN THE AREA NOT ON THIS APPLICATION

Name _____	Relationship _____
Address _____	Telephone _____
Name _____	Relationship _____
Address _____	Telephone _____

SIGNATURE CLAUSE

I / We understand that management is relying on this information to prove my household's eligibility for an apartment at << Merge Field >>. I / We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have Preservation Management, Inc. and its staff to verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I understand that my occupancy is contingent on meeting Preservation Management, Inc., resident selection criteria and other program requirements.

ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN

_____ Head of Household	_____ Date
_____ Member of Household	_____ Date
_____ Member of Household	_____ Date
_____ Member of Household	_____ Date



AUTHORIZATION AND RELEASE OF INFORMATION

I / We Do Hereby Authorize **Preservation Management, Inc.**, its staff or authorized representative to contact the below listed agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

ONLY SOURCES LISTED BELOW FOR DETERMINING ELIGIBILITY OR
ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED.

_____	_____
_____	_____
_____	_____

RELEASE: I / We hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me/us on a separate consent attached to a copy of this consent.

SIGNATURE(S)

*Applicant/Tenant does not have to sign this consent form if it is not clear who will provide the information or who will receive the information

_____ Tenant/Applicant	_____ Date
_____ Tenant/Applicant	_____ Date
_____ Tenant/Applicant	_____ Date
_____ Tenant/Applicant	_____ Date

THIS FORM MAY BE PHOTOCOPIED

