



INC.



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: \_\_\_\_\_

I:\DPM, Inc. Manual Changes\CONSENT FOR RELEASE OF INFORMATION.doc 12/07

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) 720-5964 (TDD)."