



CREDIT RELEASE AUTHORIZATION FORM

To Whom It May Concern:

I/We understand that American Property Management of IL Inc. will be preparing my credit report and/or criminal background report. I authorize you to release all data necessary to complete this process. Necessary information may include my past and present employment and earnings, past and present resident history, savings and checking account information, government financial aid, consumer credit balances, payments and history through one or more credit bureaus.

I/We understand that use of a photo copy this form may be necessary to verify one or more of my credit references. I/We authorize that use and hereby request that such copy be fully honored.

APPLICANT'S NAME: _____ please print

APPLICANT'S ADDRESS: _____

CO-APPLICANT'S NAME: _____ please print

CO-APPLICANT'S ADDRESS: _____

.....
APPLICANT'S SIGNATURE: _____

SS# _____ **DATE** _____

BIRTH DATE _____

CO-APPLICANT'S SIGNATURE: _____

SS# _____ **DATE** _____

BIRTHDATE _____