

PRIOR RESIDENCE AUTHORIZATION AND RELEASE

Name of Applicant _____

I, the undersigned, do hereby authorize _____ to completely and accurately answer these questions. I hereby release them from any liability for the answers provided.

Signed _____ Date _____

Duration of residence: (From) _____ (To) _____

Were any other persons identified on the lease? Yes No

If yes, name: _____

Applicable rental rate during residency: \$ _____ /month

Was the full term of the lease fulfilled? Yes No

If no, date residence was vacated: _____

Was the applicant the subject of a forcible detainer action? Yes No

If yes, state grounds:

- Non-payment of rent
- Immediate and irreparable breach
- Abandonment
- Other (please specify) _____

Did the applicant violate any community policies? Yes No

If yes, what policy? _____

Was the deposit or any portion thereof withheld due to damage to the unit? Yes No

Is the applicant eligible to return and reside at the community? Yes No

I, _____, a duly authorized representative of _____, do hereby swear and affirm that the following is accurate and complete to the best of my knowledge: