

PARK PLACE CONDOMINIUMS A.P.T. RELEASE AUTHORIZATION

In connection with my rental application with you, I understand that an investigative consumer report may be requested that will include information as to my character, credit, and past tenant history. I voluntarily and knowingly authorize any present or past landlord, administrator, law enforcement agency, federal agency, finance bureau/office, credit bureau, collection agency, private agency, private business, personal reference, and/or other persons to give records or information they may have concerning my criminal history or any other information requested by Securitech Inc dba Apartment Prescreening of Tucson. I voluntarily, knowingly and unconditionally release any name or unnamed information from any and all liability resulting from the furnishings of this information.

This authorization shall be valid one year from the date signed, and a photographic or faxed copy of this authorization shall be as valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if my application is denied because of information obtained by my prospective landlord or from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information. This information is being verified by Securitech, Inc. dba A.P.T. Any information or questions should be directed to the following address:

A.P.T.
7660 E. Broadway Suite #205

Tucson, Arizona 85710
(520) 322-5100
Fax (520) 881-3585

APPLICANT SIGNATURE

CO-APPLICANT/GUARANTOR
SIGNATURE

TODAY'S DATE

TODAY'S DATE

The following must be filled out completely by your applicant to be considered. (Please print)

APPLICANT

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE
SOCIAL SECURITY #	DATE OF BIRTH	DRIVERS LIC #	STATE
CURRENT ADDRESS-IFAPT, ALSO GIVE APT#	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE NUMBER	MOVE IN DATE	RENT AMOUNT
PREVIOUS ADDRESS-IF APT, GIVE APT#	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE NUMBER	OCCUPANCY DATES	RENT AMOUNT
CURRENT EMPLOYER	PHONE NUMBER	POSITION/HIRE DATE	SALARY/WAGES

Co-Applicant/Guarantor/ Emergency Contact

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVERS LIC #	STATE
CURRENT ADDRESS - IF APT GIVE APT #	LANDLORD PHONE NUMBER	CITY&STATE	ZIP
PREVIOUS ADDRESS IF APT GIVE APT #	LANDLORD PHONE NUMBER	CITY&STATE	ZIP
CURRENT EMPLOYER	PHONE NUMBER	POSITION/HIRE DATE	SALARY/WAGES

APPLICANT - DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

CODE: ALL5460 SUBSCRIBER PH # 407-0770 SUBSCRIBER FAX #: 407-0777 (cover sheet)

___ QUICKSCREEN ___ BASICSCREEN ___ FULLSCREEN ___ OOT – CRIM ___ OOT – EML REF ___ SEX OFF

OTHER REQUESTED INFORMATION REQUESTED: _____