



## EVERGREEN MANAGEMENT SERVICES, INC.

430 Oriole Drive, Spearfish, SD 57783 ▪ phone 605-642-0619 fax 605-642-0620

### TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Evergreen Management Services, Inc (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

#### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

#### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                      |  |
|--------------------------------------|--|
| Present Employers                    | Welfare Agencies                                       |
| Veterans Administration              | Previous Landlords (including public housing agencies) |
| State Unemployment Agencies          | Social Security Administration                         |
| Retirement Systems                   | Support and Alimony Providers                          |
| Banks/Other Financial Institutions   | Medical and Child Care Providers                       |
| Credit/Background Reporting Agencies | Pharmacy Providers                                     |

#### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that is incorrect.

#### SIGNATURES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

### PROPERTY MANAGEMENT

www.4-evergreen.net

This institution is an equal opportunity provider and employer.

