



MANAGEMENT

30 Second Street Suite #107
Hackensack, NJ 07601
201-250-8703

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

To Whom It May Concern,

I _____, Social Security # _____ - _____ - _____
Applicant Name, Print

Do hereby give permission for RMG to contact my (current/previous) (landlord/management) for information regarding, tenancy information, employment, salary, social security number.

I hereby give RMG management to obtain this information for the sole purpose of verifying tenancy, and that the information I have provided in my application is truthful and accurate as stated.

In the application for the apartment located at:

_____ Apartment you are applying for at RMG MANAGEMENT

I further expressly request that my landlord disclose any information in regards to my tenancy to RMG MANAGEMENT

Applicants Information

Current Address: _____

Apartment #: _____

Landlord/Management: _____

Landlord Phone #: _____

Print

Print

Signature

Signature

Date: ____/____/____

Date: ____/____/____