

Williams Shelton & Associates

Property Management Division

3430 E. Russell Rd. Las Vegas, NV 89120

t. 702.434-6494

w.<http://www.was-management.com>

Tenants Release and Consent Form

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, credit history, income, and /or assets to Williams Shelton & Associates for the purpose of verifying information on my /our apartment rental application.

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

Past and Present Employers

Previous Landlords (including Public Housing Agencies)

Support and Alimony Providers

Welfare Agencies

State Unemployment Agencies

Social Security Administration

Medical and Child Care Providers

Veterans Administration

Retirement Systems

Bank or other Financial Institutions

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twenty-four month is from the date signed.

Signature

Print

Date

Signature

Print

Date