

**BLUE STAR, SHORE VIEW, LLC
APPLICANT/RESIDENT CONSENT
TO THE RELEASE OF INFORMATION**

SHORE VIEW APARTMENTS

Your signature on this form authorizes Shore View Apartments and its agent, Blue Star, Shore View, LLC, to obtain any information that is pertinent to eligibility, according to federal law, for residency in this rental community in keeping with your application. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of any kind	Family Composition
Federal, State and Local Benefits	Student Status
Landlord References	Credit Report
Banking References	Personal References
Background Criminal Search	

**Photocopies of this authorization may be used for the purpose indicated above.
The original is retained by Shore View Apartments.**

I understand that failure to consent to the release of this information will render me ineligible for the housing community to which I have applied.

Printed Name

Signature

Social Security Number

Date