



TEXAS ASSOCIATION OF REALTORS®

**AUTHORIZATION TO RELEASE INFORMATION  
RELATED TO A RESIDENTIAL LEASE APPLICANT**

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.

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I, \_\_\_\_\_ (Applicant), have submitted an application  
to lease a property located at \_\_\_\_\_  
\_\_\_\_\_ (address, city, state, zip).

The landlord, broker, or landlord's representative is:

Allegiance Property Management (name)  
2334 W Buckingham Rd. #230-136 (address)  
Garland, TX 75042 (city, state, zip)  
469.630.1775 (phone) 866.739.4170 (fax)  
Alexandra@allegiancepm.net (e-mail)

I give my permission:

- (1) to my current and former employers to release any information about my employment history and income history to the above-named person;
- (2) to my current and former landlords to release any information about my rental history to the above-named person;
- (3) to my current and former mortgage lenders on property that I own or have owned to release any information about my mortgage payment history to the above-named person;
- (4) to my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the above-named person; and
- (5) to the above-named person to obtain a copy of my consumer report (credit report) from any consumer reporting agency and to obtain background information about me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Note: Any broker gathering information about an applicant acts under specific instructions to verify some or all of the information described in this authorization. The broker maintains a privacy policy which is available upon request.*