request.



Texas Association of Realtors* AUTHORIZATION TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT

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I,to lease a property located at	
	(address, city, state, zip).
The landlord, broker, or landlord's representative is:	
ALLSOURCE PROPERTY MANAGEMENT, LLC	(name)
5850 San Felipe Ste 500	(address)
HOUSTON, TX 77057	(city, state, zip)
281-942-7368 (phone)	
info@allsourcepm.com	(e-mail)
I give my permission:	
 to my current and former employers to release any information income history to the above-named person; to my current and former landlords to release any information amed person; to my current and former mortgage lenders on property information about my mortgage payment history to the above. to my bank, savings and loan, or credit union to provide a value above-named person; and to the above-named person to obtain a copy of my consum reporting agency and to obtain background information about 	ation about my rental history to the above- that I own or have owned to release any re-named person; rerification of funds that I have on deposit to the report (credit report) from any consumer
Applicant's Signature [Note: Any broker gathering information about an applicant acts und	Date

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of the information described in this authorization. The broker maintains a privacy policy which is available upon