

1220 NW 12 Street ❖ Gainesville, FL 32601
Phone: 352-371-3636 ❖ Fax: 352-338-1261
Email: Rentals@EFNProperties.com

Authorization For Release of Information to *E.F.N. Properties*

I (we), _____, certify that the information contained in the rental application submitted to *E.F.N. Properties* is true, correct, and complete, and I (we) hereby authorize *E.F.N. Properties* to verify any information contained in said application. I (we) understand that *E.F.N. Properties* will conduct full background checks including, but not limited to, verification of credit, bank accounts, employment, eviction, rental history, criminal history, or any other information that is deemed relevant by *E.F.N. Properties*. I (we) further authorize *E.F.N. Properties* to use reproductions of my (our) signature on this or any other form in order to conduct background checks. Furthermore, I hereby authorize third parties to whom this document (or facsimiles thereof) is presented to provide such information to *E.F.N. Properties* as *E.F.N. Properties* may request, and to treat copies of my (our) signature(s) as if it were on an original authorization for release of information.

I (we) understand that in the event any of the information provided on my application is false or incomplete in any way (including circumstances where different information is provided by a third party in response to *E.F.N. Properties'* request), or if my (our) credit or other relevant information does not meet the guidelines set forth by *E.F.N. Properties*, *E.F.N. Properties* shall have the right to terminate any agreement entered into, including a lease, whether I (we) have taken possession of a unit or paid any monies.

Print Name clearly and legibly

Signature

Date

Print Name clearly and legibly

Signature

Date