



P.B. BELL ASSET MANAGEMENT, INC.

PRIOR RESIDENCE AUTHORIZATION AND RELEASE

Community Name: _____

Applicant: _____

I, the undersigned, do hereby authorize _____ to completely and accurately answer these questions. I hereby release them from any liability for the answers provided.

Signed _____ Date _____

Duration of residence: (From)_____ (To)_____

Were any other persons identified on the lease? yes ___ no ___

If yes, name: _____

Applicable rental rate during residency: \$ _____ per month

Was the full term of the lease fulfilled? yes ___ no ___

If no, date residence was vacated: _____

Was the applicant the subject of a forcible detainer action? yes ___ no ___

- If yes, state grounds: ___ non-payment of rent
- ___ immediate and irreparable breach
- ___ abandonment
- ___ other (please specify) _____

Did the applicant violate any community policies? yes ___ no ___

If yes, what policy? _____

Was the deposit or any portion thereof withheld due to damage to the unit? yes ___ no ___

I, _____, a duly authorized representative of _____ do hereby swear and affirm that the following is accurate and complete to the best of my knowledge.