Chancellor Properties, Inc.
PO Box 22466
Philadelphia, PA 19110

Authorization to Obtain Information

Applicant's Name: _____ Co-Signer's Name: _____

Applicant's Name: _____ Co-Signer's Name: _____

I (We) authorize Chancellor Properties, Inc. to verify all information I (We) have provided on the Rental Application(s) by any means to include, but not limited to, Consumer Reporting Agencies, public records, current and previous landlords and/or mortgage companies, employers or other sources of income, schools, governmental agencies and personal references. I (We) understand this may include credit and criminal background reports.

I (We) further authorize any organization, agency or person contacted by Chancellor Properties, Inc. to provide and/or release the requested information to them, only as it relates to the application to secure an apartment with Chancellor Properties, Inc.

_____ _____
Applicant's signature Date

_____ _____
Applicant's signature Date

_____ _____
Co-Signer's signature Date

_____ _____
Co-Signer's signature Date

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For Office Use Only:

Building: _____ Apt # _____

Date of Application: _____ Leasing Agent: _____