

**The Meadows Apartments**  
**1291 Walter Webb Drive**  
**Sevierville, Tennessee 37862**

**Investigation Authorization**

To Whom It May Concern:

I hereby authorize any person, school administrator, business, corporation, lending institution or other business entity with whom I have conducted any business, or with whom I am presently conducting business, to disclose when requested to do so by **The Meadows Apartments** any and all information with regard to my income, student status, assets, debts, and liabilities, and to furnish copies of all relative income, student, or credit information which **The Meadows Apartments** might request.

I further authorize any persons, or officer of any federal, state or local law enforcement agency to disclose, when requested to do so by **The Meadows Apartments**, any and all information regarding my past and present criminal or public law violation records, if any, that said **The Meadows Apartments** might request.

This release form is good for the duration of my application for housing and/or dwelling lease agreement with **The Meadows Apartments**. I understand that each adult applicant must sign this form. A photocopy of this form is to be treated as an original.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

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Date

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Applicant/Resident Signature

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Date

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Applicant/Resident Signature

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Date

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Applicant/Resident Signature

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Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date