

RELEASE OF INFORMATION

I authorize the release of any information SFRENT or CLARIDGE HOTEL, LP may request from third parties regarding myself and all other persons included in the application for _____ Claridge Hotel _____ including the following:

• Personal, Credit, and Landlord	• Annuities
• Employer References	• Pension Benefits
• Apartment Rentals and Tenant History	• Union Benefits
• Employment	• Assets
• Self-Employment	• Social Security Benefits
• Family Support	• Worker's Compensation
• Child Support	• General Assistance
• Alimony	• Disability
• TANF / AFDC	• Educational Grants and Work Study
• Child Care Expense	• Any Other Income or Assets not listed
• Criminal Background	

Name (Please Print)

Signature

Date

ONE FORM PER PERSON

