

AUTHORIZATION TO RELEASE INFORMATION

By submitting this electronic application, you are directing G & S Properties, LLC, d/b/a Cranberry Apartments ("Cranberry Apartments") to verify information you have provided and obtain additional background information about you by means of a credit reporting agency Online Rental Exchange PO Box 1489 Winterville, NC 28590, 887-262-6851, to prepare a consumer report or an investigative consumer report and/or to verify information by contacting personal and professional references, employers, and other rental housing owners. You also are directing and authorizing Cranberry Apartments to obtain information that any such entities may have concerning your status as a registered sex offender (as allowed by law), and criminal history (as provided by law).

You have the right upon written request made in a reasonable amount of time to request any disclosure of any consumer or investigative report. /The nature and report of the most common investigative reports obtained with regard to a tenant investigation is your prior rental history, employment, and criminal background.

I understand that if I want a paper copy of this applicant application I may print it out or I may request a copy by contacting Cranberry Apartments. I understand that typing my name in the Authorization/Acknowledged by section, and checking the box next to the words I have received.., and clicking on the submit application button and by doing so:

- I am authorizing Cranberry Apartments to conduct background check(s) described above.
- I am consenting to use electronic means to **1)** sign this form, **2)** receive the application authorization appearing above and **3)** receive legal notices electronically.
- I am authorizing Authorize.net to initiate and debit a credit card transaction in the payment amount of \$30.00.

_____ I have received and read a copy of the Term of Agreement shown above. I agree to be billed for the processing of my application. This transaction will be processed and is not contingent on acceptance or denial.

Authorized/Acknowledged by (Type your full Name below):

Date: _____

Signature:

Print Name:
