request.



## AUTHORIZATION TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.

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I,		(Appl	cant), have submitted an application
to lease a	property located at		(address, city, state, zip).
			(address, city, state, 219).
The landle	ord, broker, or landlord's re		
		le, Steele Portfolio Real Estate	(name)
	801 R	Ranch Rd 620 S Unit 100B	(address) (city, state, zip)
	(512)409-0553	Lakeway, TX 78734 (phone)	(City, State, 2ip) (fax)
		en@steeleportfolio.com	(ran) (e-mail)
ا give my	permission:		
` '	my current and former emp tory to the above-named p	•	ut my employment history and income
` '	my current and former land rson;	lords to release any information about	my rental history to the above-named
` '	•	ortgage lenders on property that I ge payment history to the above-nam	own or have owned to release any ed person;
	my bank, savings and loar e above-named person; and		ion of funds that I have on deposit to
	he above-named person to obtain a copy of my consumer report (credit report) from any consumer orting agency and to obtain background information about me.		
Applicant's Signature		Dat	e e
Note: Any	broker gathering informati	on about an applicant acts under spe	ecific instructions to verify some or all

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of the information described in this authorization. The broker maintains a privacy policy which is available upon