

Permission to Obtain Rental Reference

I/We _____ hereby give AgeCare / Hestia Group permission to make any inquiries to the references and / or obtain verifications to any of the information submitted on my / our application.

I / We further understand that this application does not constitute an agreement on the part of AgeCare / Hestia Group or its agents to provide me with rental accommodation.

I/We further acknowledge the right of AgeCare / Hestia Group, or its agents, at any time prior to the execution and delivery to me of the lease hereby applied for, to withdraw, revoke or cancel without penalty or given notice.

I / We further agree that I/we am/are obligated to advise AgeCare / Hestia Group or its agents, in writing, of **any changes** in family composition, gross family income, assets, employment or change of address, should they occur.

I/We also agree that the information provided by me/us pertains to ALL persons named within this application.

Dated this _____ day of _____, 20____

Signature

Witness

Signature

