

Keuka Housing Council, Inc.



160 Main Street ♦ Penn Yan, New York 14527
Phone 315/536-8707 ♦ Fax 315/536-6169

CREDIT AUTHORIZATION RELEASE FORM

I authorize Keuka Housing Council, Inc. to order a merged credit report from an authorized credit reporting agency.

BORROWER

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

HOME PHONE # _____ WORK PHONE # _____

ADDRESS _____

PREVIOUS ADDRESS (if less than 2 years at present address) _____

EMPLOYER'S NAME & ADDRESS _____

CO-BORROWER

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

HOME PHONE # _____ WORK PHONE # _____

ADDRESS _____

PREVIOUS ADDRESS (if less than 2 years at present address) _____

EMPLOYER'S NAME & ADDRESS _____

I hereby authorize Keuka Housing Council, Inc. to order a Merged Credit Report

Borrower _____ Date _____

Co-Borrower _____ Date _____