

# Consumer Authorization and Release

(Please print clearly)

**Applicant** \_\_\_\_\_  
First MI Last

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day year

Current address

\_\_\_\_\_

\_\_\_\_\_ city state zip

How long? \_\_\_\_\_

**Co-Applicant Name** \_\_\_\_\_  
First MI Last

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day year

Current address

\_\_\_\_\_

\_\_\_\_\_ city state zip

How long? \_\_\_\_\_

I/We hereby authorize **Homestead Acres Cooperative, Inc.** to obtain my/our consumer report/credit information, credit risk scores and other enhancements to my/our consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit reporting repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to:

**Homestead Acres Cooperative, Inc.** for the purpose of assessing my/our **Application for Membership** in said Association. I/We understand that 'other enhancements' includes conducting a national criminal background check, to which I/We give my/our consent.

*(continued)*

This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I/WE further authorize the **Homestead Acres Cooperative, Inc** to verify past and present landlord references in order to assess my/our **Application for Membership** in said Association.

It is understood that a photocopy and/or facsimile of this document shall also serve as an authorization to provide the information requested.

The information obtained is only to be used in the processing of my/our **Membership Application**.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date