

**TOWN OF BROOKHAVEN DOWN PAYMENT ASSISTANCE PROGRAM
THE LONG ISLAND HOUSING PARTNERSHIP, INC. & AFFILIATES
APPLICANT'S CERTIFICATION & AUTHORIZATION**

To Whom It May Concern:

AUTHORIZATION TO OBTAIN A CREDIT REPORT

1. I/We have applied for housing services from **The Long Island Housing Partnership, Inc., (LIHP) and/or its Affiliates. LIHP is a HUD approved counseling agency and a member of Housing Partnership Network (HPN).** As part of this process, **The Long Island Housing Partnership, Inc., and/or its Affiliates** are here by authorized to obtain a credit report(s) from third party agencies in connection with the services provided, either during the process or as part of an ongoing service.

AUTHORIZATION TO RELEASE INFORMATION

1. I/We have applied for housing services from **The Long Island Housing Partnership, Inc.,** as part of the process, **LIHP** is hereby authorized and permitted to verify any and all information contained in my/our application and in other documents submitted to **The Long Island Housing Partnership, Inc.,** required in connection with the services, either during the process or as part of an ongoing service.

2. I/We authorize you to provide to **The Long Island Housing Partnership, Inc.,** and to any third party designed by **The Long Island Housing Partnership, Inc.,** any and all information and documentation that they may request, including but not limited to employment history and income; bank, money-market, and similar accounts balances, credit history, and copies of income tax returns.

3. A copy of this authorization may be accepted as an original.

<hr/> (Signature)	<hr/> (Signature)
Date: _____	Date: _____
Print Name: _____	Print Name: _____
Address: _____	Address _____
_____	_____
Social Security #: _____	Social Security #: _____
Date of Birth: _____	Date of Birth: _____
=====	=====

INFORMATION TO BE COMPLETED BY LIHP STAFF ONLY

Individual Credit Report: _____ Joint Credit Report: _____

Requested and Authorized By: _____
LIHP Staff Name

Development/Program Name: _____ Date: _____