

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., Consultants & 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., Consultants & 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., Consultants & Affiliates** as part of the process, **The Long Island Housing Partnership, Inc., Consultants & Affiliates** 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., Consultants & Affiliates** required in connection with the service, 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., Consultants & Affiliates** and to any third party designated by **The Long Island Housing Partnership, Inc., Consultants & Affiliates** 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.

(Signature)

Date: _____

Print Name: _____

Address: _____

Social Security # _____

Date of Birth: _____

(Signature)

Date: _____

Print Name: _____

Address: _____

Social Security # _____

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: _____