

LONG ISLAND HOUSING PARTNERSHIP

180 OSER AVENUE, SUITE 800
HAUPPAUGE, NEW YORK 11788 631-
435-4710



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. and Affiliates ("LIHP"). LIHP is a HUD approved counseling agency and a member of Housing Partnership Network (HPN). As part of this process, LIHP is hereby authorized to obtain a credit report (s) from recognized third-party agencies in connection with the services provided, either during the process or as part of an ongoing service. If there is more than one applicant, LIHP may share the results of such credit report with the other applicant. I/we may opt-out of this authorization by providing a credit report from such third-party agency dated within 30-days of the date hereof.

AUTHORIZATION TO OBTAIN & RELEASE INFORMATION

1. I/We have applied for housing services from LIHP. As part of the process, LIHP is hereby authorized and permitted to verify with, and disclose to, any third-party including without limitation banks, lenders institutional and program partners any and all information contained in my/our application and in other documents submitted to LIHP 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 LIHP and to any third party designated by LIHP 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: _____
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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: _____