

Consumer Authorization and Release

(Please print clearly)

Applicant	First	MI	Last
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Social Security # _____ - _____ - _____ Date of birth _____ / _____ / _____
mo day year

Current address

city	state	zip
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How long at this address? _____

If less than 3 years at this current address, please provide other addresses for past 3 years.

Co-Applicant Name _____
 First MI Last

Social Security # _____ - _____ - _____ Date of birth ____ / ____ / ____
mo day year

Current address

city	state	zip
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How long at this address? _____

If less than 3 years at this current address, please provide other addresses for past 3 years.

Applicant Phone # _____ Applicant Email _____

I/We hereby authorize **Wardtown Mobile Home Cooperative** 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:

Wardtown Mobile Home Cooperative. for the purpose of assessing my/our **Application for Membership and/or Additional Household Members** in said Cooperative. I/We understand that 'other enhancements' includes conducting a **national criminal background check**, to which I/We give my/our consent.

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 **Wardtown Mobile Home Cooperative** to contact the references listed on my/our application in order to assess my/our **Application for Membership** in said Cooperative.

I/WE further authorize the **Wardtown Mobile Home Cooperative** to verify past and present landlord references in order to assess my/our **Application for Membership** in said Cooperative.

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