Promoting Successful Home Ownership for over 30 years

HOPE INC.
HomeOwnership Center

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CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

As indicated by my signature below, I hereby authorize and instruct HOPE of Evansville, Inc. (hereinafter referred to as "HOPE") to obtain and review my credit report through a credit reporting agency chosen by HOPE. I understand and agree that HOPE intends to use the credit report for the purposes of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to HOPE in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I authorize HOPE to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that may have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services. Furthermore, I understand that should I choose to apply for mortgage financing through HOPE, a revised credit report may be required. Additional credit reports may result in additional fees charged to me.

I understand that I may revoke my consent to these disclosures by notifying HOPE in writing.

PLEASE NOTE: BY SIGNING THIS FORM YOU ARE GRANTING PERMISSION FOR THE RELEASE OF FINANCIAL INFORMATION TO A CREDIT REPORTING AGENCY. YOU ARE ALSO GRANTING PERMISSION FOR HOPE OF EVANSVILLE, INC. TO OBTAIN A COPY OF YOUR CREDIT REPORT.

_____ _____
Applicant's Name (please print) **Last 4 digits of SSN**

_____ _____
Applicant's Signature **Date**

_____ _____
Co-Applicant's Name (please print) **Last 4 digits of SSN**

_____ _____
Co-Applicant's Signature **Date**