



Certification & Authorization Form
(Please Print)

Name: _____

Social Security No.: _____

Date of Birth: _____

Address: _____

Spouse Name: _____
(If Applicable)

Social Security No.: _____

Date of Birth: _____

I/WE HEREBY AUTHORIZE THE NATIONAL COMMUNITY REINVESTMENT COALITION (NCRC) AND/ OR ITS ASSIGNS OR AGENTS TO ORDER A CONSUMER CREDIT REPORT ON ME/ US AND DISCUSS MY/ OUR CURRENT SITUATION WITH APPROPRIATE LENDERS AND OTHER PROFESSIONALS. IT IS UNDERSTOOD THAT THE INFORMATION ON MY/ OUR REPORT WILL BE USED AS NECESSARY TO EVALUATE MY/ OUR ENTRY AND MY/ OUR ACCEPTANCE INTO THE NATIONAL ANTI-PREDATORY LENDING CONSUMER RESCUE FUND PROGRAM OR OTHER NCRC PROGRAMS. NCRC ITS ASSIGNS OR AGENTS MAY OBTAIN ANY OR ALL DOCUMENTATION OR INFORMATION THAT THEY REQUEST FOR INVESTIGATION AND SUBMISSION INTO THEIR PROGRAMS. NO OTHER USE OF MY/ OUR CREDIT INFORMATION IS AUTHORIZED BY ME/ US.

WE MAY ASK YOU TO SHARE YOUR STORY TO EDUCATE OTHERS, BUT YOUR WILLINGNESS TO DO SO IS STRICTLY YOUR DECISION. ARE YOU WILLING TO SHARE YOUR STORY? Yes No

BY SIGNING BELOW, YOU ACKNOWLEDGE YOU HAVE READ THIS DISCLOSURE AND ARE WILLING TO PARTICIPATE IN THIS PROGRAM.

Signed: _____

Signed: _____

Date: _____