

Credit Check Authorization

The undersigned authorize(s) Habitat for Humanity Kansas, Inc. and its agents to verify the information given in the application homeownership application with _____ (requesting affiliate) through the following credit reporting agency for the purpose of _____ (i.e. extending credit, review or collection of consumer account).

Merchants Credit Bureau, Inc
P.O.Box 458
Augusta, GA 30903

Applicant

Last: _____ **First:** _____ **MI:** _____ **Suffix:** _____

SSN: _____ - _____ - _____ **DOB:** _____ **Age:** _____ **U.S. Citizen:** Y N

Co-Applicant

Last: _____ **First:** _____ **MI:** _____ **Suffix:** _____

SSN: _____ - _____ - _____ **DOB:** _____ **Age:** _____ **U.S. Citizen:** Y N

Present

Address City State ZIP

Phone Number: _____

Email Address: _____

Former-IF at present address less than two years

Address City State ZIP

By signing below the undersigned also agrees that Habitat for Humanity Kansas has certified that the report will not be used for any other purpose than those defined above and that any credit decision or adverse action will be decided by the requesting affiliate and not Habitat for Humanity Kansas.

Signature of Applicant

Signature of Co-Applicant

Date

Date

Name of Requesting Affiliate Representative

Phone Number

Date Requested