

# CREDIT AUTHORIZATION FORM

(Only For Credit Counseling)

Applicant		Co-Applicant	
Full name		Full name	
Street address		Street address	
City/State/Zip		City/State/Zip	
County		County	
Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____
Social security #	Date of birth	Social security #	Date of birth
Phone: residence	Work	Phone: residence	Work
Employer		Employer	
Address		Address	
Position/Title		Position/Title	
Dependents/Include Self/Ages		Dependents/Include Self/Ages	
Marital status*			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
*Do not provide information if your application is for individual credit			

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information obtained herein. I also understand that there will be a fee associated with obtaining the credit report.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS

\_\_\_\_\_

Date

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant signature  
(if you are requesting the financial accommodation jointly)