**CREDIT REPORT AUTHORIZATION FORM**

By my signature below I, [NAME], authorize [NAME], to obtain a Credit Report from The Hagerstown Home Store on me.

This authorization is valid for purposes of verifying information given pursuant to

employment, leasing, rental, business negotiations, or any other lawful purpose covered

under the Fair Credit Reporting Act (FCRA).

This authorization shall be valid in original or copy form.

Applicant's Name:\_[APPLICANT NAME]

Applicant's Email:\_[APPLICANT EMAIL]

Social Security Number: [SOCIAL SECURITY NUMBER]

Date of Birth: [DATE OF BIRTH]

**Provide Addresses**

Current Street Address: [STREET ADDRESS] City: [CITY]

State: [STATE] Start Date: [START DATE]

Prior Street Address (If applicable): [PRIOR STREET ADDRESS] City: [CITY]

State: [STATE] Start Date: [START DATE] End Date: [END DATE]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]