

**TOWN OF BABYLON DOWN PAYMENT ASSISTANCE PROGRAM  
THE LONG ISLAND HOUSING PARTNERSHIP, INC. & AFFILIATES  
APPLICANT'S CERTIFICATION & AUTHORIZATION**

To Whom It May Concern:

**AUTHORIZATION TO OBTAIN A CREDIT REPORT**

1. I/We have applied for housing services from **The Long Island Housing Partnership, Inc., (LIHP) and/or its Affiliates. LIHP is a HUD approved counseling agency and a member of Housing Partnership Network (HPN).** As part of this process, **The Long Island Housing Partnership, Inc., and/or its Affiliates** are here by authorized to obtain a credit report(s) from third party agencies in connection with the services provided, either during the process or as part of an ongoing service.

**AUTHORIZATION TO RELEASE INFORMATION**

1. I/We have applied for housing services from **The Long Island Housing Partnership, Inc.,** as part of the process, **LIHP** is hereby authorized and permitted to verify any and all information contained in my/our application and in other documents submitted to **The Long Island Housing Partnership, Inc.,** required in connection with the services, either during the process or as part of an ongoing service.

2. I/We authorize you to provide to **The Long Island Housing Partnership, Inc.,** and to any third party designed by **The Long Island Housing Partnership, Inc.,** any and all information and documentation that they may request, including but not limited to employment history and income; bank, money-market, and similar accounts balances, credit history, and copies of income tax returns.

3. A copy of this authorization may be accepted as an original.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**INFORMATION TO BE COMPLETED BY LIHP STAFF ONLY**

Individual Credit Report: \_\_\_\_\_

Joint Credit Report: \_\_\_\_\_

Requested and Authorized By: \_\_\_\_\_  
LIHP Staff Name

Development/Program Name: \_\_\_\_\_ Date: \_\_\_\_\_