





COMMUNITY LAND TRUST (CLT) WORKFORCE HOUSING PROGRAM THE LONG ISLAND HOUSING PARTNERSHIP, INC. & AFFILATES 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 acc	cepted as an original.
(Signature)	(Signature)
Date: Print Name: Address:	Date:
	Print Name:
	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: