ACCESS BONDING PROGRAM

Credit Report Authorization Form

~ Please **print** neatly ~

Requested Information	Client ⬇	Spouse ⬇
Name (First, Middle/Maiden, Last; Sr., Jr., I, II, II, etc.)		
Social Security Number (xxx-xx-xxxx)		
Date of Birth (mm/dd/yyyy)		
Current Home Address		
City, State, Zip		
Previous Home Address (if current address is < 2 years)		
City, State & Zip		
Current Mailing Address (If different than current home address)		
City, State, Zip		

I, authorize Capital Access Project to obtain a copy of my/our tri-bureau credit report and acknowledge that it will result in an inquiry.

_____ ____/____/_____
Client Date

_____ ____/____/_____
Spouse Date

Office Use Only

Reports: ☐ Tri-bureau credit; ☐ Tri-bureau rescoring plans; ☐ *EF* RP Only ☐ *EQ* RP Only ☐ *TU* RP Only

Date of Report ____/____/_____ By _____