

*Authorization to Obtain Credit Report*

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

*Participant Name:* \_\_\_\_\_

*Social Security #* \_\_\_\_\_

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

\_\_\_\_\_

*Co-Participant Name* \_\_\_\_\_

*Social Security#* \_\_\_\_\_

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

\_\_\_\_\_

**Participant Signature**

**Co-Participant Signature**

*I(We) authorize Knox Housing Partnership, Inc. (KHP) to use my(our) Social Security number(s) for the purpose of obtaining my(our) credit report at a later date, in order to evaluate my(our) credit history. I also authorize the release of my credit report to KHP by those credit reporting agencies from whom KHP may request my credit report.*

***Knox Housing Partnership, Inc.***

***900 E. Hill Avenue, Suite 105***

***Knoxville, TN 37915***

***(865) 637-1679***

***(865) 637-9713 fax***