

*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*

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