

Habitat for Humanity of the Charlotte Region

Authorization to Release Information

Please be advised that as a condition of participating in Habitat for Humanity of the Charlotte Region's ("Habitat") Homeownership program, we may share information with and obtain information from third party entities, which may include but is not limited to lending institutions, grant funders, consumer credit reporting agencies, motor vehicles, criminal justice system, employers and landlords. You understand that the aforementioned information may be evaluated to determine eligibility to partner with Habitat. Habitat is providing you with this notice and authorization in compliance with the Fair Credit Reporting Act.

As a household member over the age of 16, Habitat reserves the right to verify information stated in the application and obtain additional information as needed as a part of the application process.

General Release

I release Habitat and its officers, directors, employees, agents, all other persons, employers, businesses, schools, consumer information agencies, records search firms and other entities, of and from any and all potential liability arising from inquiries by Habitat and its agents concerning the verifications described above and/or the compilation or use of such information and reports regarding me.

Certification of Information Submitted to Habitat

I acknowledge that I have carefully reviewed the information on this form in its entirety. I also certify that all of the information provided by me on the application and subsequent authorization form are true and complete to the best of my knowledge, and may be shared with third parties. I further understand that any omission of fact or false or misleading information provided by me whether verbally or written, may result in the automatic withdrawal of my application and termination of my participation and partnership with Habitat.

Date

Signature (use freehand tool to draw )

Print Name



Name: _____
(Last, First, Middle)

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you lived at your current address for 12 months or more? Yes No

*If no, how long? _____

Please list prior address if you've lived at your current for less than 2 years:

Date: _____ Address: _____ City: _____ State: _____

Date: _____ Address: _____ City: _____ State: _____

Please list any and all other names or Social Security Numbers that you have used and the years changed.

