



REV 12/2022

AUTHORITY TO VERIFY CREDIT INFORMATION
BOYNTON BEACH FAITH BASED CDC, INC. TIN: 65-0971509
CITY OF BOYNTON BEACH TIN: 59-6000282

THIS IS YOUR AUTHORITY TO VERIFY MY BANK ACCOUNTS, EMPLOYMENT, OUTSTANDING DEBTS, INCLUDING ANY PRESENT OR PREVIOUS MORTGAGES, TO ORDER A CONSUMER CREDIT REPORT, AND TO MAKE ANY OTHER INQUIRIES PERTAINING TO MY QUALIFICATION FOR THIS FINANCIAL ASSISTANCE APPLICATION FROM YOU. YOU MAY MAKE COPIES OF THIS LETTER FOR DISTRIBUTION TO ANY PARTY WITH WHICH I HAVE A FINANCIAL OR CREDIT RELATIONSHIP AND THAT PARTY MAY TREAT SUCH COPY AS AN ORIGINAL.

Privacy Act Notice: THIS INFORMATION IS TO BE USED BY THE AGENCY 20COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY FOR ASSISTANCE UNDER ITS PROGRAM. IT WILL NOT BE DISCLOSED OUTSIDE THE AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THIS INFORMATION, BUT IF YOU DO NOT, YOUR APPLICATION FOR APPROVAL FOR ASSISTANCE OR BORROWER MAY BE DELAYED OR REJECTED.

WARNING: Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

APPLICANTS SIGNATURE: _____ DATE: _____

PRINT FULL NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____

ADDRESS CITY STATE ZIP

CO-APPLICANTS SIGNATURE: _____ DATE: _____

PRINT FULL NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____

ADDRESS CITY STATE ZIP

ADULT HOUSEHOLD MEMBER DATE

ADULT HOUSEHOLD MEMBER DATE