

# DISCLOSURE/AUTHORIZATION FORM

## Individual

In processing my application for conformance with company standards and possible business relationship, I understand **I-195 Redevelopment District** may obtain or have prepared a consumer or investigative consumer report for evaluation purposes, concerning my credit worthiness, criminal and civil record history, general reputation and other public records. I understand that upon request, **I-195 Redevelopment District** will provide the name and address of the consumer reporting agency that furnished the report.

I understand that information provided to **I-195 Redevelopment District**, in connection with my evaluation may be communicated among its corporate affiliates. I understand that if I do not wish such information to be communicated to such affiliates, I will notify **I-195 Redevelopment District** in writing.

By signing below, I am authorizing **I-195 Redevelopment District**, to obtain a consumer or investigative consumer report on me as part of the conformance with company standards. I further authorize **I-195 Redevelopment District**, and or companies affiliated with it to obtain additional consumer or investigative consumer reports on me for conformance with company standards, if necessary., obtained pursuant to this authorization.

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Name of Applicant (please print)

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Signature of Applicant

Date signed

Address History: 10 years

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Current Address	City/Town	State	Zip Code	Length of Time
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Previous Address	City/Town	State	Zip Code	Length of Time
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Previous Address	City/Town	State	Zip Code	Length of Time
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Previous Address	City/Town	State	Zip Code	Length of Time
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