



CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct HomeOwnershipOC to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by HOC. I understand and agree that HOC intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home, improve credit and/or to engage in post purchase counseling activities. My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to HOC in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report. Direct fee from credit reporting agency will be charged to the client, fees vary, but range from \$35-\$70 for single & joint credit reports. If the client purchases a home with in 12 months, we will refund the credit report fee to you if you provide us a copy of your final closing statement**

In addition, in connection with determining my ability to obtain a loan, I _____

authorize

do not authorize

HomeOwnershipOC to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying HomeOwnershipOC in writing.

Client's Legal Name: _____ **Client's Social Security #:** _____

Clients Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Clients**

Signature: _____ **Date:** _____

Co-Client's Legal Name: _____ **Co-Client's Social Security #:** _____

Co- Clients Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Co-Clients Signature: _____ **Date:** _____

****HomeOwnershipOC does not deny service if you are unable to pay and in cases of financial hardship, fees may be reduced or eliminated, or paid by a grant. A Fee Waiver application with proof of income may be requested prior to reducing or eliminating fees. Please request a Fee Waiver Request Form from your counselor.**