## Liberty Landing Cooperative

## Consumer Authorization and Release

(Please print clearly) Applicant name: \_\_\_\_ MI Last Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_/ \_\_\_/ \_\_\_\_/ \_\_\_\_\_\_/ mo day year Current address: zip How long have you lived at this address? Co-Applicant Name: МІ Last Social Security #: Current address: city state zip

How long have you lived at this address?

I/We hereby authorize the Property Management Company for Liberty Landing Cooperative, to obtain my/our consumer report/credit information, credit risk scores, and other enhancements to my/our consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit reporting repositories (Equifax, Experian, Trans Union) and provide a copy of the Report Property Management for the purpose of assessing my/our **Application for Membership** in said Co-op. I/We understand that "other enhancements" includes conducting a national criminal background check, to which I/we give my/our consent.

This authorization is intended to comply with a consumer report req 1681b(a)(2).	uest as set forth in 15 U.S.C.
I/We further authorize Property Management to contact the references listed on my/our application in order to assess my/our <b>Application for Membership</b> in said Co-op.	
I/We further authorize Property Management to verify past and present landlord references in order to assess my/our <b>Application for Membership</b> in said Co-op.	
I/We understand that a photocopy and/or facsimile of this document shall also serve as an authorization to provide the information requested.	
The information obtained is only to be used in the processing of my/our <b>Application for Membership.</b>	
Applicant	Date
Co-Applicant	Date