



Credit Report Authorization Form

National Faith HomeBueyrs, (hereafter referred to as "NFH") is requested and authorized by the undersigned grantor to review his/her, financial affairs, budget, outstanding accounts, obligations and debt. The grantor authorizes NFH to obtain and disclose information, pertaining to the amount, nature and particulars relating to his/her obligation, income, financial status and other pertinent data. The grantor directs and authorizes NFH to examine the Credit Profile and to obtain a consumer credit report through a credit reporting agency chosen by NFH, and to make that information available to the grantor. I understand, and agree, that NFH intends to use the consumer credit report for the purpose of evaluating my financial readiness to purchase a home.

The grantor agrees and understands that the information he/she is requesting is governed by the Fair Credit Reporting Act (15 USC 181 ET Seq.) as it may be amended from time to time. The information requested would be for Consumer Disclosure Purposes only: not for "credit granting purposes" and/or "credit repair". Requesting or receiving credit profiles for other than legitimate purposes may, as a violation of the Fair Credit Reporting Act, create a civil cause of action in addition to the penalties under the Fair Credit Reporting Act which are currently a fine of not more than \$5,000 or imprisonment for not more than (1) year or both.

The grantor agrees to hold harmless NFH and any recipient of this directive from any or all suit, action, claim demand or litigation arising out of or because of any application presented herewith and any or all services, which may be provided.

My signature below authorizes the release to the credit reporting agency of financial information which I have supplied to NFH in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a Photostat reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

