

Community HousingWorks

NeighborWorks®
Family Asset Building Program

1820 S. Escondido Blvd.
Suite 101
Escondido, CA 92025
Tel: 760-432-6878 ext. 306
Fax: 760-432-6883
Email: financialfitness@chworks.org
Website: www.chworks.org

2011 - Credit Report Authorization – Financial Fitness

CUSTOMER

Please Print Clearly

Name:

First

MI

Last

Street

City

State

Zip Code

Home: (____) _____-_____

Work: (____) _____-_____

Cell: (____) _____-_____

Email: _____

_____-_____-_____
Social Security Number

_____/_____/_____
Birth Date month day year

AUTHORIZATION

I authorize **Community HousingWorks** to pull my credit report on the day of my workshop as a soft inquiry, which will not affect my credit score negatively, and review my credit file in connection with my pursuit on improving my credit and completing the Financial Fitness Program.

- (a) pull my credit report **6 months** from the date I attended the workshop/my initial credit report was pulled and review my credit scores in connection with my Financial Fitness goal attainment. _____ *Initials*
- (b) pull my credit report **12 months** from the date I attended the workshop/my initial credit report was pulled and review my credit scores in connection with my Financial Fitness goal attainment. _____ *Initials*

I understand that information about services provided to me may be used to conduct research and reporting, related to service needs, income supports, education and employment, and program effectiveness. The use of this information for research and reporting may last beyond the actual delivery of current services. My name, social security number, or any other information that would identify me personally **will never** appear on research or a report.

I understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer signature

Date