## Freedom Village Cooperative Consumer Authorization and Release

(Please print clearly)

Applicant	First			.ast	_
Social Security #			-		
Date of birth mo Current address	/day		_		
city			state	zip	
How long?					
Co-Applicant Na	<b>me</b>		MI	Last	
Social Security #		. –			
Date of birth	/	/	_		
mo Current address	day	ye	ar		
city			state	zip	
How long?					

I/We hereby authorize **AmRent-CBC Companies** 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 to:

**Freedom Village Cooperative** for the purpose of assessing my/our **Application for Housing and Membership** in **Freedom Village Cooperative**. 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 request as set forth in 15 U.S.C. 1681b(a)(2).

I/WE further authorize the **Freedom Village Cooperative** to contact the references listed on my/our application in order to assess my/our **Application for Membership** in said Cooperative.

I/WE further authorize the **Freedom Village Cooperative** to verify past and present landlord references in order to assess my/our **Application for Membership** in said Cooperative.

It is understood 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 **Membership Application**.

Applicant	Date
Co-applicant	 Date