



CHAUTAUQUA OPPORTUNITIES, INC.

A COMMUNITY ACTION PARTNERSHIP



Helping people. Changing lives.

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I _____, authorize and instruct Chautauqua Opportunities, Inc. (Hereinafter "COI") to obtain and review my credit report. My credit report will be obtained from three credit reporting agencies chosen by COI. I understand and agree that COI/intends to use the credit report for the purpose of _____.

(Specific purpose)

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to COI/ 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.

If this is in connection with

- Determining my ability to obtain a loan
 - I understand that COI provides information and education on Numerous loan products and housing programs and I further understand that the housing Counseling I receive from COI in no way obligates me to choose any of these particular loan products or housing programs
- National Foreclosure Mitigation Counseling
 - I give permission for COI to pull my credit report up to two additional times *and*
 - I give authorization for COI to follow-up with me for the purposes of program evaluation.

I hereby: _____ Authorize _____ do not authorize

COI to share with potential 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 at any time by notifying COI in writing. I waive all claims against COI and its consultants. I attest that to the best of my knowledge, information, and belief, the information contained hereon is correct and true.

Social Security Number

Client's Name Printed

Date of Birth

Client's Signature

Current Address (Street, City, State, Zip)



Chautauqua Community Action Center

_____andler Street
____own, NY 14701
(716) 661-9430
FAX (716)661-9436

Connections North

10825 Bennett Road
Dunkirk, NY 140 48
(716)366-8176
FAX (716)366-4502

Chautauqua Opportunities, Inc.

17 West Courtney Street
Dunkirk, NY 14048
(716)366-3333
FAX (716)363-6368
TTY/TDD: (716) 366-3420



Chautauqua Opportunities, Inc. is an equal opportunity provider and employer.

To file a complaint of discrimination, write to:

**USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410
(800) 795-3272 (voice) or (202) 720-6382 (TDD)**