



# City of San Pablo

## Redevelopment Agency

13831 San Pablo Avenue, Bldg. #3

San Pablo, CA 94806

www.ci.san-pablo.ca.us

510.215.3030 ♦ Fax 510.235.9417

### CREDIT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct the Redevelopment Agency of the City of San Pablo (hereinafter "Agency") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by the Agency. I understand and agree that the Agency intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

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

In addition, in connection with determining my ability to obtain a loan, I

\_\_\_\_\_ authorize

\_\_\_\_\_ do not authorize

\_\_\_\_\_ to share with potential mortgage lenders and/or counseling agencies my credit 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 by notifying the Agency in writing.

\_\_\_\_\_  
Primary Applicant Name (print)

\_\_\_\_\_  
Co-Applicant (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-applicant Signature