APPENDIX E

Credit Report Release and Information Form

The Undersigned hereby authorizes the Montana Department of Commerce, Community Development Division, Economic Development Revolving Loan Fund (EDA CD RLF) program to utilize the information below for the purpose of obtaining standard credit reports. These reports will be used for the purpose of approving the loan currently applied for and prudent ongoing loan maintenance as needed throughout the life of the approved loan.

The Undersigned understands that the information obtained will be treated as totally confidential and that NO information on the report will be accessible to any party not directly involved.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant | | | | | | |  | Co-Applicant | | | | | | |
| Name: | |  | | | | |  | Name: | |  | | | | |
| Social Security #: | | | |  | | |  | Social Security #: | | | |  | | |
| Birth Date: | | |  | | | |  | Birth Date: | | |  | | | |
| Current Address and Zip Code: | | | | | | |  | Current Address and Zip Code: | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Previous Addresses for 5 Years: | | | | | | |  | Previous Addresses for 5 Years: | | | | | | |
| #1 |  | | | | | |  | #1 |  | | | | | |
|  |  | | | | | |  |  |  | | | | | |
| #2 |  | | | | | |  | #2 |  | | | | | |
|  |  | | | | | |  |  |  | | | | | |
| Home and work Phone Number: | | | | | | |  | Home and work Phone Number: | | | | | | |
| (h) |  | | | | (w) |  |  | (h) |  | | | | (w) |  |
| Current Employer: | | | | | | |  | Current Employer: | | | | | | |
|  | | | | | | |  |  | | | | | | |

The above information is true and correct to the best of my/our knowledge.

|  |  |  |
| --- | --- | --- |
| *(Applicant Signature) Date* |  | *(Co-Applicant Signature) Date* |
| STATE OF  COUNTY OF  Signed and acknowledged before me on this  day of 20 , by  Signature of Notary:  Printed Name:  Notary Public for the State of:  Residing at:  My Commission Expires: |  | STATE OF  COUNTY OF  Signed and acknowledged before me on this  day of 20 , by  Signature of Notary:  Printed Name:  Notary Public for the State of:  Residing at:  My Commission Expires: |
|  |  |  |