



Community
HousingWorks

Credit Report Request

Applicant

Last Name	First	MI
[]		

SSN	Date of Birth	Suffix
[]	[]	[]

Address

#	Street	Apt
[]		

City	State	Zip
[]		

Co-Applicant

Last Name	First	MI
[]		

SSN	Date of Birth	Suffix
[]	[]	[]

Previous Address

#	Street	Apt
[]		

City	State	Zip
[]		

I authorize SDNHS/CHW to order a consumer credit report for counseling purposes.

Applicant Signature

Date

Co-Applicant Signature

Date

CHW use only.
Payment type:
<input type="checkbox"/> Cash
<input type="checkbox"/> Check# _____
<input type="checkbox"/> Money Or. _____
Report run by:

Staff initials

