CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I/We hereby authorize and instruct Northeast South Dakota Community Action Program, (hereinafter "NESDCAP") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by NESDCAP. I/We understand and agree that NESDCAP intends to use the credit report for the purpose of evaluating my current financial situation.

My/Our signature below also authorizes the release to credit reporting agencies of financial or other information that I/we have supplied to NESDCAP 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 evaluating my financial readiness to purchase a home, I

_____ authorize _____ do not authorize

NESDCAP to share with 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 counseling agencies may contact me to discuss counseling service.

I understand that I may revoke my consent to these disclosures by notifying NESDCAP in writing.

Client's Signature Date	Client's Signature Date
Client's Name (Print)	Client's Name (Print)
Address	Address
City, State, Zip	City, State, Zip
Social Security Number	Social Security Number
Date of Birth	Date of Birth