



**NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE**

25 E. 20<sup>th</sup> Street, Suite 170 Baltimore, Maryland 21218 p. 410.327.1200 f.

410.675.1855

[www.nhsbaltimore.org](http://www.nhsbaltimore.org)

**CREDIT REPORT AUTHORIZATION (BORROWER)**

Borrower: \_\_\_\_\_  
First, Middle, Last

Co-Borrower: \_\_\_\_\_  
First, Middle, Last

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

Borrower Social Security Number: \_\_\_\_\_

Co-Borrower Social Security Number (if both named on mortgage): \_\_\_\_\_

Borrower Date of Birth: \_\_\_\_\_

Co-Borrower Date of Birth: \_\_\_\_\_

I (We) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my (our) home or my (our) mortgage loan.

Both Signatures are required if joint report is requested:

\_\_\_\_\_  
Signature Date Print Name

\_\_\_\_\_  
Signature Date Print Name