



## Authorization to Request Credit Report

By completing and signing this form you authorize Michigan Women Forward to request a copy of your credit report. You will not receive a copy, but we will provide the name and address of the consumer agency that furnishes the report(s), if requested.

### BORROWER:

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Legal Name (First – Middle – Last)

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SSN

Date Of Birth

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Street Address

Apt.

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City

State

Zip

### CO-BORROWER:

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Legal Name (First – Middle – Last)

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SSN

Date Of Birth

---

Street Address

Apt.

---

City

State

Zip

---

Borrower's Signature

Date

---

Co-Borrower's Signature

Date

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