

CREDIT CHECK AUTHORIZATION

Consent for Individual Credit Record Check

I, _____, hereby consent to a release of information regarding my credit history to Seniors and People with Disabilities, State of Oregon. This consent expires 12 months after date signed.

Name (printed)	Date of Birth	Social Security Number
Home Mailing Address (Include city, state and zip code)		
Maiden Name (if applicable)	Other Names Used	
Facility Name		
Signature	Date signed	

One form must be completed for each person with an ownership interest of 10% or more in the applicant.

Consent for Business Credit Record Check

I, _____, an authorized representative for the business identified below, hereby consent to a release of credit history regarding this business to Seniors and People with Disabilities, State of Oregon. This consent expires 12 months after the date signed.

Name of Business		
Business Mailing Address		
Other Names (dba's) Used by this Business		
Name of Authorized Representative	Title of Representative	
Signature	Date Signed	

One form must be completed for each business with an ownership interest of 10% or more in the applicant.

A Credit Record Check consent form is required for each individual and each organization which hold 10% or more interest in either the business or the management service (operator). Photocopy additional forms as needed. Credit records kept confidential unless disclosure is court-ordered.