

CREDIT RELEASE AUTHORIZATION

I/We hereby authorize Community Loan Servicing, LLC, to access my credit file and to utilize my credit information for the purpose of evaluating me for a loan. The credit information obtained on me/us will be held in strictest confidence and will only be used for the purposes specified herein.

Printed Name

Social Security Number

Residence Address

Signature

City, State and Zip Code

Date

Printed Name

Social Security Number

Residence Address

Signature

City, State and Zip Code

Date