

AUTHORIZATION FOR CREDIT CHECK

*WITH MY SIGNATURE BELOW I HEREBY AUTHORIZE AND REQUEST ALL CREDIT REPORTING AGENCIES, EMPLOYERS, AND CREDIT REFERENCES RELEASE ALL PERTINENT INFORMATION ABOUT ME. I UNDERSTAND THAT THE FOLLOWING REPORTS: CREDIT, RENTAL, EVICTION AND CONVICTION HISTORY; WILL BE VERIFIED AND CHECKED THROUGH THE FACILITIES OF THE INFO*CENTER, FEEDING HILLS, MA 01080, CONSUMER PHONE 413-562-5650.*

I REPRESENT THAT ALL INFORMATION CONTAINED IN THIS APPLICATION TO BE TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE SIGNED

PRINT YOUR NAME HERE: _____

Fax this signed and dated sheet to:

**Sandi Siedel
203-777-6655**