

REQUIRED CREDIT REPORT HISTORY INFORMATION FORM

PLEASE TYPE or PRINT

Name:

LAST NAME	FIRST NAME	INITIAL	SUFFIX (Sr., Jr., etc.)
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OTHER LAST NAMES USED AND/OR MAIDEN NAME

Current Address:

STREET ADDRESS	APT.	CITY	PROVINCE	ZIP CODE
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PREVIOUS ADDRESS(ES) within the last 5 years:

Previous Address:

STREET ADDRESS	APT.	CITY	PROVINCE	ZIP CODE
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STREET ADDRESS	APT.	CITY	PROVINCE	ZIP CODE
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STREET ADDRESS	APT.	CITY	PROVINCE	ZIP CODE
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Date of Birth:

Social Security Number:

MONTH/DAY/YEAR

The name and last 4 digits of a major credit card:

WERE YOU DENIED CREDIT NO YES BY WHICH INSTITUTION? _____
WHEN? _____

PLEASE NOTE

- Required are two (2) pieces of personal identification to process the credit report (Example: driver's license, bank account statement, gas, phone electricity or cable bill). *If your current address has changed within the last ninety (90) days, a confirmation of address must be attached with your request in order to be processed (Example: gas, phone, electricity or cable bill, bank account statement, driver's license).*
- You can expect to receive a copy of your personal credit report via regular mail within five (5) to ten (10) days.
- Please note that if any corrections are necessary, you may complete the Credit Report Dispute Form attached to this form
- You may obtain your own credit report for submission using the **OBTAINING YOUR OWN CREDIT REPORT** attached to this packet