

ULSTER COUNTY RESOURCE RECOVERY AGENCY

Applicant Authorization and Consent for Release of Credit Information

PLEASE READ CAREFULLY

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for rejection of my application. All results of the research into my credit background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the decision process.

This Authorization and Consent for Release of Credit Information acknowledges that the Ulster County Resource Recovery Agency may now obtain a copy of any credit information or history that may be on file with any credit reporting agency, consumer reporting agency, creditor, insurer, employer, landlord, other business, or any other agency that has information pertaining to my credit history, in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries. I acknowledge by my signature below that favorable consideration of this application is contingent upon a satisfactory credit history.

I have read and understand this Authorization and Consent for Release of Credit Information, and I authorize the credit report. I authorize persons, current and former employers, and other organizations and agencies providing such information from any and all claims and damages connected with their release of any requested information, I agree that nay copy of this document is valid as the original.

I do hereby agree to forever release and discharge the Ulster County Resource Recovery Agency, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my application was denied based on the credit information obtained, and to receive upon written request, a disclosure of the credit information obtained.

I acknowledge receipt of a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Applicant's Full Name: _____
(PLEASE PRINT)

Social Security Number _____ - _____ - _____ Date of Birth: _____

Current Street Address: _____

City: _____

State & Zip: _____

Signature (must be signed by applicant) Date _____