

MONTANA ASSISTIVE TECHNOLOGY LOAN PROGRAM

Authorization to Obtain Co-Applicant Credit Report

Co-Applicant Information:

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip:

Previous Address if Less than Two Years:

City:

State:

Zip:

Date of Birth:

Phone Number:

Social Security Number:

Check this box, if you prefer we can contact you by phone for your Social Security Number.

When is a good time and day to contact you?

Purpose of Information

The report is used to review the applicant's loan request to the Montana Assistive Technology Loan Program. However, the credit report will not be pulled until one of our MATL financial management representatives feels that it is necessary to approve the loan. We will be reporting your payment history to the major credit bureaus and this may affect your credit report/score.

Applicant Authorization

I hereby authorize the Montana Assistive Technology Loan Program and its authorized representatives to obtain a credit report for the purposes indicated above and authorize its release as above.

Signature:

Date: