**APPLICANT NAME**

**ADDRESS**

**CITY**  **STATE**  **ZIP CODE**

**SOCIAL SECURITY NUMBER DATE OF BIRTH**

The information provided on this form is true and exact to the best of my knowledge. I authorize Thrive West Central or its agent to obtain my credit report from any credit reporting agency for the purpose of determining financial standing for the opening, monitoring, renewal, or extension of a loan. Any information obtained through this search can be requested by me at any time including the name and contact information of the credit reporting agency that provided the report as well as any results obtained through the inquiry. All information including all personal identification data and credit report results will be kept in the strictest of confidence by Thrive West Central with the only exception being material released for required reporting.

**SIGNATURE**  **DATE**