

LIHTCP-I
WVHDF (5-9-12)

WEST VIRGINIA HOUSING DEVELOPMENT FUND
LOW-INCOME HOUSING TAX CREDIT PROGRAM
Credit Check Authorization and Release Form

Property Name: _____

Ownership Entity: _____

Print Full Legal Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Relationship to Ownership Entity (e.g. General Partner, Managing Member, and/or Member): _____

I consent to the West Virginia Housing Development Fund obtaining a report of my credit record and using the information in determining my qualification to apply for an allocation of Low-Income Housing Tax Credits. I hereby release the furnishing organization or individual from any liability for the release of the information requested above.

Signature: _____ Date: _____

STATE OF _____,

COUNTY OF _____, TO-WIT:

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____, the _____ of _____, on behalf of said _____.

WITNESS my hand this _____ day of _____, _____.

My commission expires: _____.

NOTARY