

Attachment F14
Consent to Perform Credit & Lexis/Nexis Reports

As part of its due diligence process, HCR may seek to verify certain financial and related information contained in the application and supporting documents in regard to the project applicant and other members of the project development team as a condition of application approval and/or award. Print out and complete the form authorizing the release of information, as well as consent for credit and Lexis/Nexis searches for each applicable entity included in the release forms, duplicating the form as necessary. Upload the completed form(s) as Attachment F14.

Please note that HCR retains the right to request any additional information of the project applicant and other members of the development team members not contained in these information release forms which it deems necessary to accomplish this review. This may include, but is not limited to, the social security numbers of the principals of development team members.

Attachment F14

A. New York State Homes and Community Renewal (HCR)
Applicant Authorization to Release Information

To Whom It May Concern:

The undersigned have submitted a financing application to New York State Homes and Community Renewal (HCR). As part of its due diligence process, HCR may seek to verify certain financial and related information contained in the application and supporting documents in regard to the project applicant and other members of the project development team as a condition of application approval and/or award. The information may include copies of checking and savings account statements, audit reports and payment history, including mortgage payments and current balances.

HCR retains the right to request any additional information of the project applicant and other members of the development team members not contained in this information release form which it deems necessary to accomplish this review. This may include, but is not limited to, the social security numbers of the principals of development team members.

You are hereby authorized to release any information requested by HCR in connection with our financing application. A copy of this authorization may be accepted as an original.

Applicant: _____

Date: _____

Print Name / Title

Signature

B. Credit and LexisNexis Report Consent for Project Principals

This form must be completed by each principal member of the Project's Borrowing Entity, General Contractor, Architect, Management Agent and Housing Consultant, if applicable. Duplicate the form and submit additional pages as needed.

1. Borrowing Entity Consent: Please complete for the Borrowing Entity, and each Principal Member of the Borrowing Entity. This form should be duplicated as needed. The information requested may be used to obtain a credit report and a Lexis/Nexis report as a condition of award.

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Name of Entity: _____

Business Address: _____
Street City State Zip Code

Business Phone: _____ Tax Identification Number: _____

Name of Principal: _____
Last First Middle Initial

Home Address: _____
Street City State Zip Code

Principal Signature

Date

2. **General Contractor Consent:** Please complete for the General Contractor, and each Principal Member of the General Contractor. This form should be duplicated as needed. The information requested may be used to obtain a credit report and a Lexis/Nexis report as a condition of award.

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Name of Entity: _____

Business Address: _____
Street City State Zip Code

Business Phone: _____ Tax Identification Number: _____

Name of Principal: _____
Last First Middle Initial

Home Address: _____
Street City State Zip Code

Principal Signature

Date

3. **Architect Consent:** Please complete for the Architect, and each Principal Member of the Architect. This form should be duplicated as needed. The information requested may be used to obtain a credit report and a Lexis/Nexis report as a condition of award.

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Name of Entity: _____

Business Address: _____
Street City State Zip Code

Business Phone: _____ Tax Identification Number: _____

Name of Principal: _____
Last First Middle Initial

Home Address: _____
Street City State Zip Code

Principal Signature

Date

4. **Management Agent:** Please complete for the Architect, and each Principal Member of the Architect. This form should be duplicated as needed. The information requested may be used to obtain a credit report and a Lexis/Nexis report as a condition of award.

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Name of Entity: _____

Business Address: _____
Street City State Zip Code

Business Phone: _____ Tax Identification Number: _____

Name of Principal: _____
Last First Middle Initial

Home Address: _____
Street City State Zip Code

Principal Signature

Date

5. **Housing Consultant Consent:** Please complete for the Housing Consultant, and each Principal Member of the Housing Consultant firm. This form should be duplicated as needed. The information requested may be used to obtain a credit report and a Lexis/Nexis report as a condition of award.

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Name of Entity: _____

Business Address: _____
Street City State Zip Code

Business Phone: _____ Tax Identification Number: _____

Name of Principal: _____
Last First Middle Initial

Home Address: _____
Street City State Zip Code

Principal Signature

Date