

AUTHORIZATION RELEASE
For Personal Data Record Information

To Whom It May Concern:

Date: _____ 20____.

I hereby authorize and request any employer, police department, law enforcement, credit bureau, financial institution and any and all persons having personal knowledge about me, to furnish the bearer of this release with the answers to any information within their knowledge regarding me.

I agree to hold any and all parties blameless and free of any liability for releasing any truthful information that is within their knowledge or records.

I am willing to have a photocopy or email of this authorization be accepted with the same authority as the original.

Based upon this authorization request I waive any written notice from a present or former employer.

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Driver's License or ID Number: _____

Current Address: _____ Apt# _____

City: _____ State: _____

Zip Code: _____ Sq. Ft. of the Property: _____

Zillow, Redfin, and other estimates of the property's value _____

Loan Amount Requested: _____

Bedrooms in the Property: _____ Bathrooms in the Property: _____

Cost of the existing building or land you seek to develop or flip _____

Home Phone Number: _____ Name this phone is listed under: _____

Cell Phone Number: _____ Name this phone is listed under: _____

Email _____

Have you ever been a plaintiff or defendants in any court of law? _____ If YES, please explain. _____

Print Name: _____ Signature: _____

PLEASE RETURN THIS APPLICATION VIA EMAIL OR TAKE A PICTURE WITH YOUR PHONE AND EMAIL IT TO
ALI@DOMU, RAZA@DOMU, X.UNYPO@GMAIL.COM AND YOU CAN TEXT A PHOTO OF THIS APPLICATION TO
646-801-5150 / 646-389-0508