



531 Wild Avenue, 2nd Floor, Staten Island, NY 10314 P. 718-502-6012 F. 718-720-6115

## **INFORMATION DISCLOSURE AUTHORIZATION**

The undersigned certifies the following:

*I authorize and request the release of my credit report to JG Funding Corp. ISAOA in connection with the hard money loan requested. Authorization is further granted to JG Funding Corp. ISAOA to use this form to obtain any information the credit reporting agency deems necessary to complete my credit report. As part of its due diligence procedures, JG Funding Corp. requires that a background investigation is to be conducted on all borrowers. The objective of this investigation is to verify all the information provided during the application process is true and accurate. We investigate all borrowers and identify any factors that might be inconsistent with JG Funding Corp. requirements.*

I authorize JG Funding Corp. and ISAOA to conduct a due diligence investigation into my past and current activities. I hereby acknowledge that I understand this document grants consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous and current employment, employment references, verification of education, credit history, motor vehicle driving record, social security wage information, criminal records and other information contained in public records.

I authorize and request that any former employers or employees, police departments, state departments, city departments, and any other person with knowledge of my personal history to furnish JG Funding Corp. ISAOA whatever information is requested. I hereby release all persons, companies, corporations, and entities from all liability and responsibility that may result from providing JG Funding Corp. ISAOA with such information.

If I am denied for a loan due to my credit, I will be notified in writing.

A free copy of my credit report can be requested from the credit bureaus directly under the Fair Credit Reporting Act of 1970 amended in 1996.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
EIN #

\_\_\_\_\_  
Current Address, City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number    DOB

\_\_\_\_\_  
Date