

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

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|---------------|----------------|-------------------------|
| Printed Name: | Date of Birth: | Social Security Number: |
| | | |

I want this information released because I am conducting the following business transaction:
I am seeking a mortgage loan.

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service
- Background Check
- Credit Check
- Banking Service
- License Requirement
- Other

with the following company ("the Company"):

Company Name: **NEIGHBOR'S FINANCIAL CORPORATION**

Company Address: **Corporate Office 2831 G Street, Sacramento CA 95816**

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Interthinx, 30005 Ladyface Court Agoura Hills, CA 91301 800.333.4510

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____(Please initial.)

Signature _____ Date Signed _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address:

City/State/Zip:

Phone Number: