

AUTHORIZATION FORM

DATE _____

TO WHOM IT MAY CONCERN:

I AM IN THE PROCESS OF OBTAINING CREDIT. PLEASE RELEASE ALL PERTINENT INFORMATION REGARDING MY LEASE, MORTGAGE, EMPLOYMENT (including SALARY) or INSURANCE TO THE FOLLOWING:

PINNACLE FINANCIAL GROUP, LLC
P.O. BOX 30623
BETHESDA, MD 20824-0623
FAX: (301) 951-3969

SIGNATURE _____

NAME _____ SS# _____

<u>EMPLOYER</u>			
HIRE DATE _____	POSITION _____		
FULL TIME _____	PART TIME _____	SALARY \$ _____ (HR, WK, MTH)	
PROVIDED BY _____	TITLE _____		
<u>HOME TELEPHONE</u>			
PHONE # _____	IN SERVICE: YES NO		
<u>LANDLORD</u>			
TIME AT CURRENT ADDRESS _____	MONTHLY RENT \$ _____		
PAYMENT HISTORY: ON TIME	LATE	BEHIND (IF SO HOW FAR?)\$ _____	
PROVIDED BY _____			

DEBT RATIO ANALYSIS

1. Monthly Income (from verification) \$ _____
_____ x .5
2. Disposable Monthly Income \$ _____
- 3a. Rent (from above verification) \$ _____
- 3b. Insurance (from verification) \$ _____
- 3c. Monthly Debt Pymts (from Cr. Rpt) \$ _____
4. Total Fixed Monthly Payments (of #3) \$ _____
5. Maximum Payment Based on Debt Load (Line 2 - Line 4) \$ _____