



CREDIT REPORT REQUEST

P.O. Box 1042, Lowell, MA 01853-1042
Tel (978) 459-8490 www.mvhp.org

Person 1:

LAST NAME: _____

FIRST NAME: _____ Middle Initial _____

PRESENT ADDRESS: _____

Number Street

City State Zip

SOCIAL SECURITY NUMBER: _____ DATE of BIRTH: _____ AGE: _____

/ /
(mm/dd/yy)

Person 2:

LAST NAME: _____

FIRST NAME: _____ Middle Initial _____

PRESENT ADDRESS: _____

Number Street

City State Zip

SOCIAL SECURITY NUMBER: _____ DATE of BIRTH: _____ AGE: _____

/ /
(mm/dd/yy)

The non-profit fee for this credit report is \$39.00 for one person and \$78.00 for two persons. Each person will receive a separate credit report.

It includes credit information from all three reporting agencies: **TransUnion, Experian & Equifax**

THIS FORM MUST BE SIGNED BY EACH PERSON FOR WHOM A CREDIT REPORT IS REQUESTED.

I/we certify I am/we are the person(s) named above and that I am/we are submitting this request for my Credit Report.

SIGNED: _____ DATE _____

SIGNED: _____ DATE _____