

**WESTERN CAPITAL MORTGAGE**  
860 KUHN DR STE 104 CHULA VISTA, CA  
91914 Fax: 6192164831

**ADVANTAGE CREDIT**  
32065 CASTLE COURT SUITE 300  
EVERGREEN, CO 80439

**BORROWER SIGNATURE AUTHORIZATION FORM**

I/We hereby authorize WESTERN CAPITAL MORTGAGE to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process my mortgage loan application. I/We further authorize WESTERN CAPITAL MORTGAGE to order a consumer credit report and verify other credit information, including past and present mortgages, landlord references, and release or disclose personal health information.

**WESTERN CAPITAL MORTGAGE** may also utilize the services of **ADVANTAGE CREDIT** to further verify my personal credit information and the information **WESTERN CAPITAL MORTGAGE** obtains is only to be used in the processing of my application for a mortgage loan. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

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Borrower Signature      Borrower Name      SSN      Date

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Borrower Signature      Borrower Name      SSN      Date

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Borrower Signature      Borrower Name      SSN      Date

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Borrower Signature      Borrower Name      SSN      Date