



# CREDIT COUNSELING INTAKE FORM

Complete this form to receive free credit counseling from the BEDC.

## CLIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_  
Work phone is optional Home phone is optional

How did you hear about our services? \_\_\_\_\_

Race: \_\_\_\_\_ Number in household: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SSN: \_\_\_\_\_  
Only if purchasing credit report

## CO-APPLICANT

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
List cell phone if no home phone

Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
Work phone is optional Only if purchasing credit report

Relationship to client: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

201 W. FLORIDA  
MIDLAND, TX 79701  
PHONE: 432-684-4309  
FAX: 432-684-4821  
bedc@midland.edu



## CREDIT REPORT AUTHORIZATION AND RELEASE

I would like to participate in Midland College BEDC counseling services to improve my credit score and/or housing situation.

I hereby authorize CoreLogic Credco, LLC ("CREDCO") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing/credit counseling agency, Midland College BEDC to provide housing/credit counseling services. I authorize CREDCO to provide follow-up credit reports to the Midland College BEDC for verification of credit score improvement. I understand that all of my personal information will be held in strict confidence. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date:

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