

**CAROVA ACQUISITIONS, L.P.
REQUEST FOR FILES DISCLOSURE**

DATE _____

IN ORDER TO AUTHORIZE CAROVA ACQUISITIONS, L.P. TO OBTAIN A CREDIT CHECK ON YOU, PLEASE COMPLETE AND SIGN THE FOLLOWING FORM.

LAST NAME FIRST NAME MIDDLE INITIAL SUFFIX (JR, SR)

PRESENT ADDRESS CITY STATE ZIPCODE

PREVIOUS ADDRESS CITY STATE ZIPCODE

_____-_____-_____
SOCIAL SECURITY NUMBER ____/____/____
DATE OF BIRTH _____
EMAIL ADDRESS

HOME PHONE NUMBER _____
WORK PHONE NUMBER _____
MOBILE PHONE NUMBER

WORK HISTORY

PLACE OF EMPLOYMENT _____

LENGTH OF EMPLOYMENT _____

NET WEEKLY EARNINGS _____

GROSS WEEKLY EARNINGS _____

CREDIT HISTORY

WHAT IS THE DATE OF TERMINATION OF YOUR CURRENT LEASE? _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ DATE _____

DO YOU HAVE ANY LIENS (TAX/CHILD SUPPORT)? _____

HAVE YOU EVER BEEN EVICTED? (IF YES, WHY?) _____

THIS FORM MUST BE SIGNED BY THE PERSON(S) WHOSE FILE IS TO BE DISCLOSED
Under the Fair Credit Reporting Act, any person who knowingly and willingly obtains credit information from CBA under false pretense is subject to a fine of not more than \$5,000 or imprisonment of not more than one year, or both.

I certify, under penalties of perjury, that I am the person named above and that I am submitting this request for Carova Acquisitions, L.P. (and any other parties deemed necessary by Carova Acquisitions, L.P.) to review my personal credit profile.

APPLICANT _____
DATE