

<p align="center">Social Security Administration Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification</p>	<p>Instructions for completing this form:</p> <ul style="list-style-type: none"> ➤ <u>ALL EIGHT FIELDS MUST BE COMPLETED AND LEGIBLE OR FORM WILL BE REJECTED.</u> ➤ No strikeouts are permitted. If you make a mistake, start again with a clean form. ➤ The SSN Number Holder, or legal guardian must sign and date the Form SSA-89 and include their contact information.
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<p>1. Print Name: (as displayed on SSN card) _____</p>	<p>2. Date of Birth: mm/dd/yyyy ____/____/____</p>	<p>3. SSN: xxx-xx-xxxx ____-____-____</p>
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4. I am conducting the following business transaction:
 Seeking a mortgage from the Company **Background or Credit Check**
Other (specify): _____

[Note: "identity verification" or "identity proof or confirmation" is not acceptable.]

5. I authorize the Social Security Administration to verify my name and SSN to the "Company" and/or the "Company's Agent", if applicable, for the purpose I identified.

<p>5(a) Company Name: (authorized to request SSA verification) _____</p>	<p>5(b) Company Address Address: _____ City _____ State/ Zip: _____</p>
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<p>6(a) Company Agent's Name: (service provider) Martin Information & Investigations LLC dba USinfosearch.com</p>	<p>6(b) Company Agent's Address 5330 East Main Street Ste 101b Columbus, Ohio 43213</p>
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7. I am the individual to whom the Social Security Number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for: _____ days from the date signed. _____ (Please initial)

<p>7(a) Signature _____</p>	<p>7(b) Date: mm/dd/yyyy _____</p>
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<p>8. Contact information of individual signing authorization</p>	<p>8(a) Address Address _____ City _____ State/ Zip _____</p>	<p>8(b) Phone: xxx-xxx-xxxx ____-____-____</p>
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