

**SOCIAL SECURITY NUMBER AUTHORIZATION**

**SSA**

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).

1 **CONSUMER NAME** \_\_\_\_\_

2 **CONSUMER ADDRESS** \_\_\_\_\_

3 **CONSUMER SOCIAL SECURITY NUMBER** \_\_\_\_\_

4 **CONSUMER DATE OF BIRTH** \_\_\_\_\_

5 \_\_\_\_\_

6 **BROKER** \_\_\_\_\_

7 \_\_\_\_\_

8 **A separate authorization form must be completed for each consumer involved in a real estate transaction.**

9 \_\_\_\_\_

10 I agree that Broker(s), his/her agent(s) and/or employee(s) may provide my social security number to lenders, title agencies,  
11 credit reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining  
12 the existence of domestic liens, obtaining a criminal background report (for prospective tenants only), ordering a mortgage payoff  
13 or for purposes of satisfying requirements of the Patriot Act.

14 \_\_\_\_\_

15 **CONSUMER UNDERSTANDS THAT BROKER HAS NO CONTROL OVER THE USE OF ANY INFORMATION AFTER**  
16 **IT IS DISCLOSED TO A THIRD PARTY. CONSUMER AGREES TO RELEASE AND HOLD BROKER HARMLESS FROM**  
17 **ANY AND ALL LIABILITY FOR ANY MISUSE OR SUBSEQUENT DISCLOSURE BY ANY THIRD PARTY OF THE**  
18 **INFORMATION OR REPORTS DISCLOSED BY BROKER PURSUANT TO THE TERMS OF THIS AUTHORIZATION.**

19 \_\_\_\_\_

20 **Consumer's signature serves as an acknowledgement of receipt of a copy of this authorization.**

21 \_\_\_\_\_

22 **WITNESS** \_\_\_\_\_ **CONSUMER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PREPARED BY: Michelle Leonard, Agent**

Social Security Number Authorization. Pennsylvania Association of REALTORS®

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