

**USCIS FORM G-845  
DOCUMENT VERIFICATION REQUEST**

**PURCHASE AREA DEVELOPMENT DISTRICT (PADD)  
1002 Medical Drive  
Mayfield, KY 42066**

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_

SSN (if applicable): \_\_\_\_\_

I authorize the U.S. Citizenship and Immigration Services (USCIS) to release information regarding my immigration status to ...

**Purchase Area Development District**

... because I am applying for a loan either thru US SBA, USDA, EDA, DOE, or any other public sector program.

Lender Name: Purchase Area Development District  
Contact Person: Norma Reed Pruitt  
Street Address: 1002 Medical Drive  
P.O. Box 588  
City, State and Zip: Mayfield, KY 42066  
Phone: (270) 251-6117  
Fax: (270) 251-6110

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

By: \_\_\_\_\_  
Name / Title: