

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

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

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

Date: _____ Signature: _____

By: _____
Name / Title: