



APPLICATION FOR LEASE

Complex _____

PLEASE PRINT

Date of requested Move-In ____/____/____

Today's Date ____/____/____

HEAD OF HOUSEHOLD Name (First, Middle, Last) _____

Date of Birth ____/____/____ Soc. Sec. # _____ Phone # (____) _____

Cell Phone # (____) _____ Email Address _____

Single Married Divorced Separated Driver's License # _____

Make of Vehicle _____ Year _____ License Plate # _____

Name of other persons to occupy the apartment:

Full Name	SS#	Birthdates	Relationship
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Referred By: _____ Description of Pets: _____

PART I - RESIDENCE HISTORY

Present Address _____ (Apartment #, City, State, & Zip) From: ____/____/____ To: ____/____/____

Present Landlord _____ (Name, Address, if you own list mortgage & loan number) Phone (____) _____ Rent: \$ _____

Previous Address _____ (Apartment #, City, State, & Zip) From: ____/____/____ To: ____/____/____

Previous Landlord _____ (Name, Address, if you own list mortgage & loan number) Phone (____) _____ Rent: \$ _____

PART II - CURRENT EMPLOYMENT & BANK REFERENCES

Employed By: _____ Phone (____) _____ Hire Date _____

Address _____ Position _____ Gross Monthly Income _____

Employed By: _____ Phone (____) _____ Hire Date _____

Address _____ Position _____ Gross Monthly Income _____

Bank Reference: _____ Phone (____) _____

Other Income: _____ Est. Gross Monthly Income _____

PART III - EMERGENCY CONTACT INFORMATION:

1st Notification Name _____ Relationship _____ Phone (____) _____

2nd Notification Name _____ Relationship _____ Phone (____) _____

APPLICATION TERMS

This application is for a ____ bedroom unit for occupancy on or about (Date) ____/____/____. Applicant has deposited herewith the sum of \$ _____ receipt of which is hereby acknowledged as a non-interest bearing deposit (and not as rental payment) to be refunded as hereinafter provided if the lease agreement is consummated, provided however, that in the event the application is approved, and applicant fails or refuses the apartment tendered for any reason not the fault of the owner, and fails or refuses to enter into the contemplated lease with the owner that applicant agrees to forfeit the said deposit as liquidated damages and not as a penalty to cover the cost of taking and processing this application, reservation and preparation of the apartment, and the loss of rental income to owners. If however, in the event this application is disapproved or for any other reason for which owner is responsible the lease agreement is not consummated this deposit will be returned to applicant. A \$ _____ application fee has been paid by prospective resident. The application fee is not refundable under any circumstances. The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein. A branch of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. I authorize verification of information and references given.

Deposit with Application _____ Dated ____/____/____

Agent Signature _____ Applicants Signature _____



SECTION 42 ELIGIBILITY, INCOME AND ASSET WORKSHEET

Head of household and/or the co-head(s) should complete

LIST ALL HOUSEHOLD MEMBERS:

Name (Last, First, M.I)	Relationship	Date of Birth	Social Security #	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ELIGIBILITY:

	YES	NO
1. I have a household member who is absent from the home for reasons such as: military service, placement in foster care, temporary or permanent confinement to a home or hospital, away at school, etc. a) Please describe if any: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a live-in attendant	<input type="checkbox"/>	<input type="checkbox"/>
3. I anticipate changes in household for reasons such as: Expecting a baby, pending pending custody/joint custody, pending foster child(ren), etc. a) Please describe if any including dates(ie due date): _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all members of your household eligible U.S. Residents? If no, which members are eligible? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any students in your household? If yes please list name(s) _____ a) Are any of the students listed above students of Higher Education? b) Have any of the students listed above been in foster care? c) Do any household members who are not currently students expect to become students within the next 12 months or have been a student in the current calendar year? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any member of your household been charged with a felony or a drug/alcohol related criminal offense? a) If yes, were they convicted? _____	<input type="checkbox"/>	<input type="checkbox"/>

INCOME AND ASSETS

A. Income:

	YES	NO
1. Are you or any other household members currently receiving income from any of the following sources?	<input type="checkbox"/>	<input type="checkbox"/>
a) Section 8 Certificate/Voucher If yes, please list the subsidy amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
b) Wages/salaries (if so list number of members employed) Full Time _____ Part Time _____ Seasonally _____	<input type="checkbox"/>	<input type="checkbox"/>



Income Continued:

YES NO

c) Wages earned through a government program, (ie: Senior Aides, Older American Community Service Employment Program, AmeriCorps) If yes, which program: _____		
d) Tips, bonuses, commissions, cash wages		
e) Overtime Pay		
f) Income from operation of a business(Self Employed)		
g) Social Security		
h) Disability/SSI		
i) Death benefits		
j) Pensions/retirement funds		
k) Annuities or non-revocable trust		
l) Unemployment		
m) Military Pay		
n) Workman's Compensation		
o) Public assistance/TANF		
p) Alimony		
q) Child Support		
r) Income from rent or sale of property		
s) Periodic payments from lottery winnings		
t) Regular recurring contributions from person or agencies outside of the household		
u) Insurance Policies		
v) Severance pay		
w) Student Grants or Scholarships		
x) Other: _____		
2. Are there any household members receiving income or are any members expecting to receive income not listed above in the next 12 months? If yes, specify the source of the income _____		
3. Is any member of the household on leave of absence from work due to lay-off, medical, maternity, or military leave?		
4. Is any member of the household entitled to receive child support and/or alimony that he/she is not currently receiving?		

B. Assets:

YES NO

1. Does the total value of your assets exceed \$5000		
2. Do you or any other members of the household have any of the following?		
a) Checking accounts		
b) Savings accounts		
c) Prepaid debit cards(Direct Express, Relia Card, Net Spend, Citibank, etc)		
d) Certificates of deposit		
e) Stocks		
f) Bonds		
g) 401K/IRA/Keogh account money market funds/treasury bills		
h) Mutual Funds		
i) Trust Funds		
If yes, is the trust irrevocable?		



Assets Continued:

YES NO

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Property Name: Hickory Hills Residences Household Name: _____ Unit No.: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	
\$		\$	Savings Account	\$		\$	Checking Account	
\$		\$	Cash on Hand	\$		\$	Pre-Paid Debit Card	
\$		\$	Certificates of Deposit	\$		\$	Safety Deposit Box	
\$		\$	Stocks	\$		\$	Money market funds	
\$		\$	IRA Accounts	\$		\$	Bonds	
\$		\$	Keogh Accounts	\$		\$	401K Accounts	
\$		\$	Equity in real estate	\$		\$	Trust Funds	
\$		\$	Lump Sum Receipts	\$		\$	Land Contracts	
\$		\$	Life Insurance Policies (excluding Term)	\$		\$	Capital investments	
\$		\$	Other Retirement/Pension Funds not named above:					
\$		\$	Personal property held as an investment** :					
\$		\$	Other (list):					

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are are.
*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

* Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.	<input type="checkbox"/>	Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3.	<input type="checkbox"/>	I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.	<input type="checkbox"/>	I/we do not have any assets at this time.
<p>The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____ . This amount is included in total gross annual income.</p>		

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Applicant/Tenant	Date: _____	Applicant/Tenant	Date: _____
Applicant/Tenant	Date: _____	Applicant/Tenant	Date: _____



TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize
(Resident/Applicant Name)

All persons or companies in the categories listed below to release without liability,

Information regarding employment, income, assets, and/or deductible expenses to

_____, for purposes of verifying
(Property Name)

information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|----------------------------------|--|
| Past, Present & Future Employers | Veterans Administrations |
| Landlords | State Unemployment Agencies |
| Public Housing Agencies | Banks and other Financial Institutions |
| Support and Alimony Providers | The Social Security Administration |
| Insurance Companies/Providers | Pharmacies |
| Medical & Dental Providers | Utility Companies |
| Welfare Agencies | Retirement Systems |
| Educational Institutions | Child Care Providers |

CONDITIONS

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for fifteen months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

Applicant/Resident Signature

Date



KEY MANAGEMENT COMPANY
RESIDENT SELECTION CRITERIA / WAITING LIST POLICIES
Section 42 Properties without section 8 project based assistance

All rental applications will be processed in the order of receipt, in accordance to type of program the property offers.

The same selection procedures will be used for all applications without regard to race, color, religion, sex, national origin, handicap/disability, sexual orientation, gender identity or familial status.

An application which is not completed in its entirety including phone numbers, addresses and information of current and prior landlords, creditors, references, etc. **WILL NOT BE PROCESSED**. The waiting list will be updated by mail on a regular basis. Failure to respond to the notice received will result in removal from the active waiting list. All applicants for assisted housing will be screened according to the criteria set forth in the Resident Selection Plan. These criteria relate to the individual behavior of each applicant in the household:

1. Past performance in meeting financial obligations, especially rent and utilities;
2. A record of disturbing neighbors, destruction of property, prior living or housekeeping habits which may adversely affect the health, safety or welfare of other residents, or cause damage to the unit or development;
3. Involvement in criminal activity on the part of any applicant family member or guest which would adversely affect the health, safety or welfare of other residents;
4. A record of eviction;
5. An applicant's ability and willingness to comply with the terms of the Property's lease;
6. An applicant's misrepresentation of any information related to eligibility, allowances, family composition or rent.

Some reasons for rejection may be, but are not limited to:

1. Negative response from current and/or one former landlord, utility suppliers (if applicable), Police Department or outside agency used, housing provider other than private landlord, credit report, treatment center, or home visit report;
2. Failure to meet property income limits, specifically notice H 00-18 (HUD), *Quality Housing and Work Responsibility Act of 1998* (QHWRA);
3. Family composition does not meet requirements stipulated in our policies;
4. Misrepresentation of information related to eligibility;
5. Failure to comply with any material lease terms;
6. Requiring services for lease compliance from management that would result in a fundamental alteration in the nature of the program or activity or in undue financial and administrative burdens on the property.

**** Please note – Persons with disabilities have the right to request reasonable accommodations – please advise us of the need for an accommodation and we will be glad to accommodate reasonable requests.**

WE ARE UNDER NO OBLIGATION TO PROVIDE HOUSING TO EVERY APPLICANT AND ARE REQUIRED TO MAKE SOUND BUSINESS JUDGEMENTS. In the event an applicant is rejected or denied, documentation of reason will be maintained in the rental office files for a period of three years from the date of rejection. **AN ATTEMPT TO NOTIFY APPLICANT IN WRITING FOR REASON(S) OF DENIAL WILL BE MADE.**

Resident Name

Signature

Date

Resident Name

Signature

Date



Release of Credit and Criminal Information

This is to inform you that, as a part of our procedure for processing your Application for Occupancy or Employment, both a **CREDIT HISTORY REPORT** and a **CRIMINAL HISTORY REPORT** will be requested. *This is required of all prospective tenants or employees.*

This report will be requested only after certain standard criteria are satisfied and your application is deemed to be eligible for further consideration for occupancy and/or employment.

PLEASE PRINT

NAME: _____
 SOCIAL SECURITY NUMBER _____
 DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 STREET ADDRESS: _____
 CITY, STATE and ZIP: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;



- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity,



with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>



4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

In connection with this request, I authorize all corporations, former employers, law enforcement agencies, city, state and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically authorize a Consumer Report(s) to be obtained on me. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

SIGNATURE: _____ **DATE:** _____

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This report will be requested only after certain standard criteria are satisfied and your application is deemed to be eligible for further consideration for occupancy and/or employment.

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NAME: _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

STREET ADDRESS: _____

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- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;



- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
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- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
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with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>



4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

In connection with this request, I authorize all corporations, former employers, law enforcement agencies, city, state and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically authorize a Consumer Report(s) to be obtained on me. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

SIGNATURE: _____ **DATE:** _____

