BELL MANAGEMENT

Thank you for your interest in applying at a Bell Management property.

When completing your application please be sure to sign the background check paperwork at the back of the packet and supply a copy of your ID and Social Security Card. Anyone over the age of 18 needs to complete their own background check form.

We do need all signature lines to be physically signed, not your name typed on the line.

Please complete your application and return it to the property. You can print and complete your application and scan it back to us at info@bellmanage.com if you are unable to drop it off or mail it. Please be sure to list which location you are applying for so they can get it to the right property.

Thank you!
Bell Management

3609 East 20th Street • Joplin, Missouri 64801
Phone 417-624-4144 • Fax 417-624-4140
This institution is an equal opportunity provider and employer.

EQUAL HOUSING

BELL MGMT.

Return to: _____
_____
_____

SECTION I APPLICATION

Development Name: _____
Development Address: _____
Development Type: _____ MULTI-FAMILY _____ ELDERLY
Today's Date: _____ NO. of Bedrooms Needed: _____
Other Needs: _____

A separate application form must be completed by each applicant of the household who is not related by blood, marriage or adoption. Please provide date of birth for all persons who will be living in the household. Proof of age will be requested if you are applying to live in a designated elderly development. Acceptable age verifications include a copy of (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D Card.

Name of Persons to Occupy the Unit Last First MI	Relationship	Social Security No.	Date of Birth	Ethnicity	Race	Gender
	Head of Household					

Please enter the letter and number that apply in the above Ethnicity and Race boxes for each household member.
Ethnicity - a: Hispanic or Latino b: Not Hispanic or Latino **Race** – 1. American Indian/Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White

"The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION but are encouraged to do so. This information will NOT be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname."

This project is an equal housing opportunity company with 504 and fair housing regulations. We will accommodate any applicant who needs assistance in filling out this application.

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A-GENERAL INFORMATION

1. Do you own a pet? _____ If so, what kind? _____ Weight _____
2. Do you own a waterbed? _____ Do you carry renter's insurance? _____
3. Do you have the right to legally enter into a lease? _____ YES _____ NO
4. Please state the name(s) of any household member(s) that you want to be made Co-Head(s). (Co-Head is defined as an individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities) _____
5. Have you ever filed bankruptcy? _____ YES _____ NO If yes, please explain: (include dates)
   _____
6. Have you ever been convicted of a felony? _____ YES _____ NO If yes, please explain:
   _____
7. Have you ever been evicted from an apartment for any reason? _____ YES _____ NO If yes, please explain:
   _____

B-HOUSING REFERENCE (List ALL landlords in the past three years)

1. PRESENT ADDRESS
   _____ CITY _____ STATE _____ ZIP _____
   PHONE # - DAY (___) _____ EVENING (___) _____
   LANDLORDS NAME: _____ LANDLORDS PHONE # (___) _____
   LANDLORDS ADDRESS: _____ CITY _____ STATE _____ ZIP _____
   RELATIONSHIP TO LANDLORD _____ RENT PAID PER MONTH: $_____

2. PREVIOUS ADDRESS
   _____ CITY _____ STATE _____ ZIP _____
   PHONE # - DAY (___) _____ EVENING (___) _____
   LANDLORDS NAME: _____ LANDLORDS PHONE # (___) _____
   LANDLORDS ADDRESS: _____ CITY _____ STATE _____ ZIP _____
   RELATIONSHIP TO LANDLORD _____ RENT PAID PER MONTH: $_____

3. PREVIOUS ADDRESS
   _____ CITY _____ STATE _____ ZIP _____
   PHONE # - DAY (___) _____ EVENING (___) _____
   LANDLORDS NAME: _____ LANDLORDS PHONE # (___) _____
   LANDLORDS ADDRESS: _____ CITY _____ STATE _____ ZIP _____
   RELATIONSHIP TO LANDLORD _____ RENT PAID PER MONTH: $_____

C-EMPLOYMENT OR OTHER INCOME SOURCES (List ALL sources)

INCOME SOURCES: _____ MONTHLY GROSS INCOME $ _____
CONTACT PERSON: _____ PHONE# (___) _____
ADDITIONAL SOURCE(S): _____ MONTHLY GROSS INCOME $ _____

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D-PERSONAL REFERENCE (Excluding family members – see attachment page 9)

Name: _____ Relationship: _____
Phone # (____) _____ No. of years known: _____
Address: _____ City _____ State _____ Zip _____

E-VEHICLE/DRIVER ID

1. Drivers License # _____ State Issued _____
   Car Make _____ Color _____ Year _____ Lic. # _____

2. Drivers License # _____ State Issued _____
   Car Make _____ Color _____ Year _____ Lic. # _____

F-EMERGENCY CONTACT (Other than person listed on application)

Please list someone in the immediate area if possible.

Name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
Phone - Days # (____) _____ Phone - Evenings # (____) _____

G-SIGNATURE CLAUSE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentation may result in the denial of my application. I authorize _____ its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means. I have read this application and understand it.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

It is our aim to insure that this apartment community is a drug free zone. The use and/or sale of controlled substances will not be tolerated. By signing this application form, I verify my support of this policy.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW.

_____ _____

Signature Date

_____ _____

Signature Date

Office Use Only:

1.Date of interview _____ 2. Desired Apt # _____ 3. Desired Move-in Date _____

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SECTION II CERTIFICATION

You have applied to rent an apartment which is only available to qualified or certified participants in the Section 42 Low-income Housing Tax Credit Program. To determine your eligibility, YOU must provide the following information on this application. The information will be kept confidential by the Owner or Managing Agent, except as necessary to provide to the government that you qualify. All applicants related by blood, marriage, or adoption may complete a single form showing total household income and assets. Read each item carefully, and provide the information requested truthfully and fully. Making a false statement under oath may subject you to criminal penalties. If you have any questions, please consult with our property manager.

SECTION IIA: GENERAL

Please circle Y or N to indicate YES or NO. Please make sure you have answered every question completely. If you circle Y for YES, complete the requested information. If the questions do not apply, circle N for NO. An incomplete form may delay the certification process.

Y N 1. Are you a full-time student? (A full-time student is defined as someone who has been or will be a full-time student for 5 months this year.)
Please Answer

Y N 2. Are any household members temporarily absent?
Please Answer Who? _____ For how long? _____

Y N 3. Are any household members permanently absent?
Please Answer Who? _____

Y N 4. Are you separated, but not divorced from your spouse?
Please Answer (Answer N (no) if you are married and living with spouse, single, legally divorced or widowed.)

Y N 5. Will you be receiving Section 8 Assistance?
Please Answer Agency: _____ Contact Person: _____
Phone: # _____ Monthly Gross Amount: $ _____

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IF THIS APPLICATION DOES NOT CONTAIN ENOUGH ROOM TO PROVDE ALL RELEVANT INFORMATION, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER.

SECTION IIB: ASSETS

ALL INFORMATION SHOULD BE CALCULATED ON AN ANNUAL BASIS

Y N 6. Do you have any of the following: checking or savings accounts, Money Market Funds, Trusts, IRA/Keogh accounts, Certificate of Deposit (CD's) or other accounts?

Please Answer

BOX A

Type of Account	Where Held?	Balance (A)	% Interest	Interest/Year (1)

The following box should be completed for ALL real estate owned (jointly or separately) including a home or farm. Also list each asset that earns interest or dividends such as stocks and bonds.

BOX B

Type of Asset	Where Held?	*Fair Mkt Value A	% Interest	Interest/Year (1)

Total of column A: _____
(Insert total in #25)

Total Interest/Year: _____
From Both Boxes
(Insert Total in #27)

*Fair Market Value - is the value of the asset minus reasonable costs that were or would be incurred in selling or converting the asset to cash. These costs include (1) penalties for early withdrawal, (2) broker/legal fees assessed to sell or convert the asset to cash and (3) settlement costs for real estate transactions.

Do you have any of the following? If yes, state the amount of the asset and where asset is held. IF THE ASSET EARNS INTEREST OR DIVIDENDS, ENTER INFORMATION IN BOX B, PAGE 5.

Y N 7. Do you have items such as gems/precious metals, antique cars, artwork, etc.? If so, what is the assessed value? _____
Please Answer

Y N 8. Do you have an IRA? Do you withdraw money from the account? _____
Please Answer

Y N 9. Do you have collectibles such as coins/stamps? If so, what is the assessed value? _____
Please Answer

Y N 10. Do you have any expensive jewelry without religious or cultural value, that does not hold family significance? If so, what is the assessed value? _____
Please Answer

Y N 11. Do you receive cash contributions/monetary gifts more than 3 times a year? _____
Please Answer

Y N 12. Do you have a recreational boat/watercraft? If so, what is the assessed value? _____
Please Answer

Y N 13. Do you have a recreational car/vehicle not needed for day-to-day transportation such as a camper, motorhome, travel trailer, all-terrain vehicle? If so, what is the assessed value? _____
Please Answer

Y N 14. Do you have equipment/machinery that is not used to generate income from a business? If so, what is the assessed value? _____
Please Answer

Y N 15. Do you receive long-term care payments of more than $180 a day? _____
Please Answer

Y N 16. Do you own any stocks or bonds? (*Enter the information in Box B, page 5*)
Please Answer Type/Name: _____

Y N 17. Do you own any real estate including a primary residence, farm, vacation home, vacant land, rental property or other investments? (*Enter the information in Box B, page 5*) If yes, please explain: _____
Please Answer
_____

Y N 18. Do you hold any personal property as an investment, (i.e., coin collection or an antique car?) DO NOT include necessary personal items such as car or furniture) If yes, please explain: _____

Please Answer

_____

Y N 19. Do you have any cash on hand or at home? _____

Please Answer

Y N 20. Do you have a safe deposit box? _____

Please Answer

Y N 21. Are any assets held jointly with a person who does not reside with you?_____

Please Answer Which Assets? _____

Held with whom? _____

What portion of the assets do you have access to? _____

Y N 22. Have you received any LUMP SUM payments in the last 24 months? If yes, how much: _____

Please Answer If yes, please explain: _____

Y N 23. In the past two years, have you disposed of any assets for less than fair market value? _____

Please Answer Market Value Less Cash Received $ _____

If yes, please explain: _____

Y N 24. In the last 12 months, have you received a federal tax return or refundable federal tax credit?

Please Answer If yes, what as the amount: _____

25. Enter Total Assets (A) from Box B page 5. $ _____

26. Total amounts from questions 7-24. Total Assets: $ _____

a. Total line 25 + line 26 = $ _____

27. Total the amount of actual interest earned, page 5. $ _____

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SECTION IIC: INCOME

ALL INFORMATION SHOULD BE CALCULATED ON AN ANNUAL BASIS

Y N 28. Is anyone in your family currently employed?

Please Answer

GROSS income/year includes overtime, tips, etc.

Name: _____ Employer _____ $_____

Name: _____ Employer _____ $_____

Y N 29. Is this seasonal employment?

Please Answer

Y N 30. Are you self-employed or do you own a business?

Please Answer If yes, NET income per year. $ _____

DO YOU NOW OR SOON INTEND TO RECEIVE PERIODIC PAYMENTS FROM

Y N 31. Social Security or SSI (Gross) $ _____

Please Answer

Y N 32. A.F.D.C or other public aid $ _____

Please Answer

Agency: _____

Contact Person: _____

Telephone: _____

Y N 33. Veteran's Benefits $ _____

Please Answer

Y N 34. Pensions and Annuities $ _____

Please Answer

Y N 35. Insurance settlements $ _____

Please Answer

Y N 36. Disability or Death Benefits $ _____

Please Answer Please check which type:

____ Veteran's _____ Social Security _____ Other Type: _____

Y N 37. Alimony or Child Support $ _____

Please Answer

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Y N 38. Regular and/or special armed forces pay
Please Answer Including allowances for members of family (*whether or not living in unit*) $ _____

Y N 39. Unemployment Compensation $ _____
Please Answer

Y N 40. Severance pay $ _____
Please Answer From where? _____

Y N 41. Does anyone outside of your household pay your expenses and/or
Please Answer Give you money regularly? $ _____
If yes, please explain _____

Y N 42. Other anticipated income $ _____
Please Answer From where? _____

43. TOTAL ANNUAL INCOME (Lines 28 – 42) $_____

I/We _____, certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verification of all income and assets as required by the Owner or its agents. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applications must be eligible for the Section 42 program.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW.

_____ _____

Signature Date

_____ _____

Signature Date

PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

PHONE: _____ HOW LONG KNOWN: _____

COMMENTS: _____

_____

_____

_____

PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

PHONE: _____ HOW LONG KNOWN: _____

COMMENTS: _____

_____

_____

_____

PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

PHONE: _____ HOW LONG KNOWN: _____

COMMENTS: _____

_____

_____

_____

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BELL MGMT.

BELL MANAGEMENT, INC.

TENANT RELEASE AND CONSENT

I/We _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to_____ _____, for purposes of verifying 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/our eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONDUCTED

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

- Past and Present Employers
- Veterans Administration
- State Unemployment Agencies
- Retirement Systems
- Bank/Other Financial Institutions
- Medical and Childcare Providers
- Welfare Agencies
- Previous Landlords (Including public housing agencies)
- Social Security Administration
- Support and Alimony Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

_____
Tenant's Signature Date

_____
Tenant's Signature Date

3609 East 20th St., Joplin, Missouri 64804 417-624-4144 Fax 417-624-4140

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BM BELL MGMT.

AUTHORIZATION FOR DISCLOSURE OF INFORMATION FOR LANDLORD REFERENCE CHECK

COMPLEX NAME:_____ DATE/TIME:_____

CONTACT PERSON:_____ EMAIL:_____

PHONE#:_____ FAX#:_____

The undersigned Resident hereby authorizes _____, to investigate my rental history. I authorize any of my prior landlords to disclose to _____ information regarding my prior tenancy with you, including the information below.

_____ _____ _____

Resident Printed Name Resident Signature Date

TO BE COMPLETED BY PRIOR LANDLORD:

DATES OF RESIDENCY: FROM _____ TO _____ TOTAL # OF MONTHS _____

1. Did the Resident pay their rent on time?_____
   If the Resident was late on the rent, how late?_____
   How often?_____ Comments :_____
2. How much rent was paid each month by the Resident?_____
3. Did you receive a Security Deposit?_____
   How much of it was returned to the Resident?_____
4. Did the Resident, their guests, or family damage the apartment/property?_____
   Did they pay for the damages?_____ Amount of Damages? $_____
5. Were the police ever called as a result of a disturbance?_____ Date:_____
6. Were there problems with neighbors?_____
7. Does the Resident have pets or other potential problems that may be important for a landlord to know?_____
8. Did the Resident violate the lease agreement in any way?_____
   Comments:_____
9. Did the Resident give you proper notice for vacating?_____
   Reason for leaving:_____
10. Would you rent to this Resident again? _____
11. What previous address do your records indicate for the Resident? _____

ADDITIONAL COMMENTS:_____

_____

_____

COMPANY/NAME OF PRIOR LANDLORD: _____

_____

SIGNATURE/DATE: _____

TITLE: _____

* One form per applicant over 18 years of age must be completed

BM BELL MGMT

Tenant Background Check Form

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by [**Bell Management**] ("the Company") after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656;** another outside organization acting on behalf of [**Bell Management**] and/or [**Bell Management**] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. **New York City applicants only:** You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.
Washington State residents only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Minnesota and Oklahoma residents only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. □

BACKGROUND INFORMATION

Last Name:_____ First:_____ Middle:_____

Other Names/Alias:_____

Social Security* #:_____ Date of Birth*: _____

Driver's License #_____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

Signature:_____ Date: _____

_____

Property Name(This page gets sent to office,
keep original copy in tenant file)
Office Use Only

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

At your written request, [**Bell Management**] ("the Company") may obtain information about you from a third-party consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreeersofamerica.com.**

Signature: _____ Date: _____

This form stays in tenant file.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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

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 the 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 many 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).
- **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.

Applicant Copy

Updated Sept. 2018

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:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks 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 c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	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., 8th Floor 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	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Applicant Copy

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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.

Applicant Copy

Updated Sept. 2018