



B E L L M A N A G E M E N T

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@bellmange.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.



Date Received: _____ Time _____ Complex Location: _____

(manager fill in date and time received completed application)

Relay #711



RENTAL APPLICATION

Name of Project: _____

This application is for housing at the complex listed above. Please complete this application and return to the complex manager. THE APPLICATION WILL BE PROCESSED ONLY AFTER IT IS ENTIRELY COMPLETED.

Applicant Name: _____ Telephone #: _____

Present Address: _____

Today's Date: _____ NO. of Bedrooms Needed: _____

How did you hear about this housing? _____

List the date you need an apartment: _____ Will you take a unit when one is available? _____

LIST ALL PERSONS WHO WILL LIVE IN THE APARTMENT: LIST HEAD OF HOUSEHOLD FIRST: (You must provide proof of a social security # for all members of the household. If no number has been issued, a written statement must be provided by the applicant.)

Name of Persons to Occupy the Unit Last First MI	Relationship	Social Security No.	Date of Birth	Age	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, acting through the Rural Housing Service, 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.

The borrower and the property manager agree to comply with the Implementation requirements of 42 U.S.C 14043e-11 of the Violence Against Women Reauthorization Act: as stated in the USDA Rural Housing Service Administrative Notice 4814 (1944-N dated January 18, 2017)



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GENERAL INFORMATION

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.

Please Circle Answer

- Y N 1. Are you currently living in Subsidized/Government Housing?
- Y N 2. Have you ever been evicted from an apartment for any reason?
If yes, Why? _____
- Y N 3. Name and address of Subsidized/Government Housing you have lived in at present or in the past: _____
- Y N 4. Do you have a letter from HUD/USDA Rural Development describing you as displaced?
- Y N 5. Have you or anyone who will be residing in the household ever been convicted of a felony?
- Y N 6. Are you applying for status as an "ELDERLY HOUSEHOLD", where the tenant or co-tenant is 62 or older, disabled as defined by USDA Rural Development? If so, do you realize that you will be eligible for a \$_____ elderly deduction and your eligibility must be verified. Yes _____ (please initial if you agree)
- Y N 7. Would you or any household member benefit from a wheelchair or accessible unit? If yes, would you like to request an adapted accessible unit? _____
- Y N 8. Will you be or are you a part-time or full-time student?
- Y N 9. Is there anyone else in the household who is or will be a full-time student? (The income of the student must be counted)
- Y N 10. Are you separated, but not divorced from your spouse?
(Answer N (no) if you are married and living with spouse, single, legally divorced or widowed.)
- Y N 11. Will you be receiving Section 8 Assistance?
Agency: _____ Monthly Gross Amount: \$ _____
- Y N 12. Do you own any pets? If so, what kind? _____ Weight _____
I am aware that no pets are allowed in family projects except for service/assistance/companion animals. In elderly projects pets are allowed and a pet deposit will be required.
- 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? _____
- Y N 14. Do you have a recreational boat/watercraft? If so, what is the assessed value? _____
- Y N 15. Do you have equipment/machinery that is not used to generate income from a business? If so, what is the assessed value? _____
- Y N 16. Do you receive long-term care payments of more than \$180 a day? _____

OTHER REQUIRED INFORMATION

List all cars, trucks or other vehicles owned: Parking is guaranteed for only one vehicle, arrangements will be necessary for more than one vehicle owned.

Type of Vehicle: _____ Year/Make: _____ Color: _____ Plate #: _____

Type of Vehicle: _____ Year/Make: _____ Color: _____ Plate #: _____

Your Drivers License #: _____ State: _____ Expires: _____

Co-Tenant License #: _____ State: _____ Expires: _____



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

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

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

PERSONAL NON-RELATED REFRENES KNOWN FOR AT LEAST TWO YEARS

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

EMPLOYMENT OR OTHER INCOME SOURCES (List ALL sources)

FAMILY MEMBER NAME	SOURCE OF INCOME	MONTHLY AMOUNT	HOW LONG EMPLOYED
_____	Employer: _____	_____	_____
_____	Employer: _____	_____	_____
_____	Social Security	_____	_____
_____	Social Security	_____	_____
_____	SSI	_____	_____
_____	Pension	_____	_____
_____	Retirement	_____	_____
_____	Unemployment Comp	_____	_____
_____	AFDC	_____	_____
_____	Child Support	_____	_____
_____	Alimony	_____	_____
_____	Family Assistance	_____	_____
_____	Interest	_____	_____

ASSETS

	Bank	Balance	Interest %
Checking Acct: # _____		\$ _____	\$ _____
Checking Acct: # _____		\$ _____	\$ _____
Savings Acct: # _____		\$ _____	\$ _____
Savings Acct: # _____		\$ _____	\$ _____
CD: # _____		\$ _____	\$ _____
CD: # _____		\$ _____	\$ _____
Credit Union: # _____		\$ _____	\$ _____
Other: # _____		\$ _____	\$ _____



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Please Circle Answer

- Y N 17. Do you have any cash on hand or at home? _____
- Y N 18. Do you have a safe deposit box? _____
- Y N 19. Are any assets held jointly with a person who does not reside with you? _____
 Which Assets? _____
 Held with whom? _____
 What portion of the assets do you have access to? _____
- Y N 20. Have you received any LUMP SUM payments in the last 24 months? If yes, how much: _____
 If yes, please explain: _____
- Y N 21. In the past two years, have you disposed of any assets for less than fair market value? _____
 Market Value Less Cash Received \$ _____
 If yes, please explain: _____
- Y N 22. 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: _____

- Y N 23. Do you have any expensive jewelry without religious or cultural value, that does not hold family
 significance? If so, what is the assessed value? _____
- Y N 24. Do you have items such as gems/precious metals, antique cars, artwork, etc.? If so, what is the
 assessed value? _____
- Y N 25. Do you have an IRA? _____ Do you withdraw money from the account? _____
- Y N 26. Do you receive cash contributions/monetary gifts more than 3 times a year? _____
- Y N 27. In the last 12 months, have you received a federal tax return or refundable federal tax credit?
 If yes, what as the amount: _____

REAL ESTATE

Do you own property? Type: _____

Market Value: _____ Location: _____

Have you sold or disposed of any property in the last two years that is not listed? _____ YES _____ NO

If yes, please list: _____

CHILD CARE (complete only for children 12 years or younger)

Names of Children cared for: _____ Age: _____ Weekly cost: _____

_____ Age: _____ Weekly cost: _____

_____ Age: _____ Weekly cost: _____

Name, Address and Phone # of person or agency caring for children:

Name: _____ Address: _____

City, State, Zip: _____ Phone #: _____



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MEDICAL/DISABILITY ASSISTANCE EXPENSES

Medical/Disability Cost: COMPLETE THIS ONLY IF HEAD OF HOUSE OR SPOUSE ARE 62 OR OLDER, DISABLED:

Medicare monthly amount \$_____ per month

Medical Ins Premium: Company: _____ \$: _____ per month

Medical Ins Premium: Company: _____ \$: _____ per month

Anticipated Prescription costs not covered by insurance \$: _____ per month

(you must provide a printout from the pharmacy)

Outstanding Medical bills you make monthly payments to:

Name: _____ \$: _____ per month

Name: _____ \$: _____ per month

Dr: _____ \$: _____ per month

Dr: _____ \$: _____ per month

Attendant care/apparatus expense that enables disabled applicants or others in the household to work: Type of expense: _____

Paid to: _____ \$: _____ per month

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 # (____) _____

CERTIFICATION

I/We hereby certify that I/We will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be our permanent residence. I understand I must pay a security deposit for the apartment. My eligibility for housing will be based on USDA Rural Development or Section 8 income limits and our selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statement or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: _____ Date: _____ CO-Tenant: _____ Date: _____

AUTHORIZATION

I do hereby authorize the staff/or representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing programs administrated by this apartment complex. I also authorize verification of all the information listed on this application including consent to release wage matching data to RHS and the borrower.

Signature: _____ Date: _____ CO-Tenant: _____ Date: _____



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DO NOT WRITE IN THE AREA BELOW -----FOR MANAGER USE ONLY

INFORMATION BELOW TO BE COMPLETED BY THE PROJECT MANAGER:

References Checked: _____

I have accepted () or rejected () this application due to the above reference information or list other reason: _____

MANAGER SIGNATURE: _____ DATE: _____

INCOME IS VERY LOW () LOW () MODERATE ()

30% of present monthly Income, less the utility allowance shows the tenant can pay: \$ _____

This tenant will pay: \$ _____ If over the 30% list reasons rented: _____

Date tenant notified: _____



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



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
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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: _____

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: _____

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.backgroundscreenersofamerica.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 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).
- **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 – FCRA 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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 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>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

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