

# Housing Authority for the City of Amery

300 North Harriman Avenue  
 Amery, WI 54001  
 715-268-2500 (phone) • 715-268-7700 (fax)  
 aha@ameryhousing.org

Office Use Only: (Date/Time stamp)

## Application for Occupancy

**Please complete the entire form.**

**Programs Applying For: (Check all that apply)**

- Water's Edge (Senior housing)
- Oakbrook (Senior housing)

**All Apartments are  
NON-SMOKING**

- Twin Pines (Family housing)
- Pinewood (Family housing)
- High Rise (Senior/disabled)

Name of Head of Household: \_\_\_\_\_  
First MI Last

Head of Household Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LIST ALL PERSONS WHO WILL BE LIVING IN THE HOME AND ATTACH COPIES OF SOCIAL SECURITY/GREEN CARDS:**

First Name	MI	Last Name	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	Birthplace (State/Country)	US Citizen	
									Yes	No
				SELF						

**Please attach additional pages, if necessary**

Does anyone in the household require an accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No (please check below)  
 \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Wheelchair \_\_\_\_\_ Physical \_\_\_\_\_ Interpreter \_\_\_\_\_ Other: Specify: \_\_\_\_\_

Is anyone in the household a full or part-time student of higher education? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please list the household member: \_\_\_\_\_

Is someone legally empowered to act on your behalf? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Do you certify that this unit will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_



A person who meets the definition of disabled or handicapped qualifies for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please check here:\_\_\_\_\_. If you have indicated your desire to request this adjustment, then we will need only sufficient information to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Do you have specific housing requirements, such as a special handicapped accessible unit? \_\_\_\_\_  
\_\_\_\_\_

**LANDLORD INFORMATION: (For previous 5 years, please attach additional pages, if necessary)**

Current Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

I/We understand as a procedure of processing my application an investigative report may be prepared whereby information is obtained through personal inquiries at my home, neighbors, friends, employers, landlords, law enforcement personnel, other governmental offices and agencies. The inquiry may include information as to character, mode of living, and performance in meeting financial obligations. \_\_\_\_\_(Initial)

**Have you ever participated in a Housing Authority rental assistance program?** \_\_\_\_\_ Yes \_\_\_\_\_ No

(Example: Public Housing, Section 8 Voucher or other Housing Program)

Name of Housing Authority: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Live there from: \_\_\_\_\_ to \_\_\_\_\_ Do you owe any money to another Housing Authority: \_\_\_ Yes \_\_\_ No

**Have you ever been evicted?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When? Where? \_\_\_\_\_

**Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Does anyone in your household currently use controlled or illegal drugs?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Is anyone in your household subject to a lifetime sex offender registration requirement in ANY state?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does anyone outside of your household pay for any of your bills or expenses?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Do you smoke cigarettes, cigars, pipes or other products that give off second-hand smoke or vapor?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**INCOME: List income for ALL household members 18 years of age and older**

**Sources of Income (including but not limited to):** Employment, Food Stamps, TANF, Social Security, SSI, Pensions, Disability compensation, unemployment, interest, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Force Reserves, scholarships, and/or grants, etc.

Household Member Name	Type of Income	Name, Address, and Phone Number of Source of Income	Total Gross Monthly Income

Please attach additional pages, if necessary

**ASSETS: (Bank Accounts {checking/savings}, real estate, stocks, bonds, CD's, IRA's, etc.)**

Household Member Name	Type of Account	Name, Address, and Phone Number of Bank or Institution	Current Cash Value	Annual Income

Please attach additional pages, if necessary.

Have you disposed of any assets in the last two years at less than market value? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SENIOR/DISABLED APPLICANTS ONLY**

**MEDICAL EXPENSES:** (to be completed for households with persons who are handicapped, disabled or over the age of 62)  
 Include total expenses to be incurred over the NEXT twelve month period not covered by insurance. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses/contacts, hearings aids, cost of live-in resident assistant, and monthly payments required on accumulated major medical bills, including that portion of spouses or child's nursing home care paid from family income.

\$ \_\_\_\_\_ Annually

Will you have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No What kind? \_\_\_\_\_ Weight? \_\_\_\_\_

**Statement Required by the Privacy Act**

The USDA-Rural Development (RD) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that is unlawful for USDA-RD to deny eligibility because of a refusal to disclose the Social Security Account Number. The principle purposes for collecting the requested information are to determine eligibility for occupancy in the USDA-RD financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

**CERTIFICATION**

**Title 18 Section 1001 of the United States Code states that a person who knowingly and willfully makes false or fraudulent statements to any Department or Agency of the U.S. Government is guilty of a felony.** I understand that any misrepresentation of information or failure to disclose information in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I understand that this application must be completed in full and that an application that is missing information or signatures will be returned to me for completion before my name will be placed on the waiting list. If any part(s) of the application do not apply to me, I will write non-applicable (N/A) on that line.

I understand that I will be required to provide verification of my family composition, third party income and asset verification, proof of birth in the United States or eligible immigration status at a later date. If I am unable to verify this information, I understand that I may be ineligible for housing or my position on the waiting list may be affected.

I understand that if I do not respond to information or mailings regarding my application as requested by the Housing Authority, I will be dropped/withdrawn as an applicant for housing. I further understand that the Housing Authority updates and purges its waiting list from time to time. I understand that I am responsible for notifying the Housing Authority immediately of any address, family composition or income changes.

I/We do hereby certify that the above information is true, accurate and complete to the best of my/our knowledge. (All household members 18 or older must sign)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

“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.

**RACE:**  White  African American/Black  American Indian/Native Alaskan  Asian  
 Native Hawaiian/Other Pacific Islander **ETHNICITY:**  Hispanic/Latino  Not Hispanic/Latino

**GENDER:**  Male  Female

**Information Release Authorization Statement**

“I authorize Rural Development to release any information regarding my employment, wages/earnings, and unemployment claims/benefits that they may have obtained from the State of Wisconsin Department of Workforce Development (DWD) to any manager of a rental unit which I am currently renting/leasing or for which I have completed a rental contract/lease agreement application.”

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address (Print)

\_\_\_\_\_  
City, State, Zip Code (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Attachments:
- Notice to applicant/wage matching
  - Landlord reference
  - Supplement – HUD
  - Debts owed – HUD

# Housing Authority of the City of Amery

THIS INSTITUTION IS AN  
EQUAL OPPORTUNITY PROVIDER

## LANDLORD REFERENCE CHECK Applicant: Please complete this section

Applicant's Name (s) \_\_\_\_\_

I authorize my current/former landlord to release any information pertaining to my/our rental history to the Amery Housing Authority. This may include, but is not limited to, the questions listed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### THIS SECTION HOUSING OFFICE USE ONLY

Property address \_\_\_\_\_

Dates of residency From \_\_\_\_\_ to \_\_\_\_\_

1. What was/is the monthly rent? \_\_\_\_\_ Was it subsidized? Yes No
2. Was rent paid on time? YES NO  
If no, how often was it late? \_\_\_\_\_
3. Did tenant issue bad checks for rent? YES NO  
If yes, how many times? \_\_\_\_\_
4. Did the tenant leave owing rent, utility or damages outstanding? YES NO  
If yes, what was the amount? \_\_\_\_\_
5. How did tenant maintain their apartment? \_\_\_\_\_
6. Were there problems with the neighbors? YES NO  
Explain: \_\_\_\_\_
7. Were the police ever called as a result of a disturbance? YES NO  
Explain: \_\_\_\_\_
8. Did you have any problems with the tenant(s) or their guest(s)? YES NO  
Explain: \_\_\_\_\_
9. Would you rent to this tenant again? YES NO  
Explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company





## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice:</i></b></p>	
	<p><b>Signature</b></p> <p><b>Printed Name</b></p>	<p><b>Date</b></p>

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





**Disclosure And Authorization For Consumer Reports**

**Disclosure**

In connection with my application for employment (including contract or volunteer services) or application for tenancy with Amery Housing Authority, at 300 Harriman Avenue North Amery, WI 54001, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

**Authorization**

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

**California, Minnesota and Oklahoma Residents:**

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.

→

**California Applicants:**

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Applicants:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

**Washington Applicants:**

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

**Please complete all of the fields below:**

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

<b>Last Name:</b>		<b>First:</b>		<b>Middle:</b> Please check box if you do not have a middle name. <input type="checkbox"/>	
<b>Social Security #:</b>			<b>Date of Birth:</b>		
<b>Email:</b> (This is a required Field)					
<b>Current Address:</b>			<b>Previous Address:</b>		
<b>Street:</b>		<b>Street:</b>			
<b>Apt or Unit #:</b>		<b>Apt or Unit #:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Drivers Lic. #:</b>			<b>State Issuing:</b>		
<b>Former Name/Alias:</b>					

X \_\_\_\_\_  
Applicant Signature

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

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://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](http://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](http://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](http://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](http://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](http://www.consumerfinance.gov/learnmore).

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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 &amp; 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>

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