

# **Lincoln Park Apartments**

**1109 Sulphur Springs Rd.**

**Morristown, TN 37813**

## **INSTRUCTIONS TO APPLICANT**

Please fill out the application completely and return to the office. If you need help in filling out this application, please ask the apartment manager.

**NOTE: WE CANNOT ACCEPT INCOMPLETE APPLICATIONS FOR PROCESSING.**

In addition to the forms enclosed we need:

1. A copy of your birth certificate
2. A copy of your Driver's License/ID
3. Income Verification. If you receive Social Security or SSI we need a copy of your awards letter.
4. A copy of your Social Security Card.
5. Most recent past 6 months of bank statements
6. Names, addresses, phone numbers of contacts for verification of any income, assets, and medical expenses

Applications are processed on a first come, first serve basis, and applicants are accepted based on our Resident Selection Plan which is posted in the site office.

Should you have any questions, you may call during office hours:

**Property: Lincoln Park**

**Phone Number: (423) 587-1633**

**Office Hours: Tuesday 8:00 am to 12:00 pm**

**Thursday 8:00 am to 5:00 pm\***

*\*Manager covers multiple properties and may be traveling between properties, so please leave a message so that we may return your call.*

Thank you,

Management

Manager to Complete: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Manager's Initials: \_\_\_\_\_

## Apartment Application

This is an application for an apartment at **Lincoln Park Apartments**. It holds no lease or rent obligations. All information will be verified by management prior to an applicant being placed on our waiting list for an apartment. All applicants must meet established eligibility criteria.

|                        |                          |                        |     |
|------------------------|--------------------------|------------------------|-----|
| NAME                   | BIRTHDATE                | SOCIAL SECURITY NUMBER |     |
| PRESENT STREET ADDRESS | CITY                     | STATE                  | ZIP |
| TELEPHONE NUMBER       | HOW LONG AT THIS ADDRESS |                        |     |

CURRENTLY: \_\_\_\_\_ RENTING \_\_\_\_\_ OWN HOME \_\_\_\_\_ LIVE WITH RELATIVES

CURRENT RENT/HOUSE PAYMENT \_\_\_\_\_

CURRENT LANDLORD'S NAME, ADDRESS, & TELEPHONE NUMBER \_\_\_\_\_

1. PRIOR ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
PRIOR LANDLORD'S NAME, ADDRESS & TELEPHONE NUMBER \_\_\_\_\_

2. PRIOR ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
PRIOR LANDLORD'S NAME, ADDRESS & TELEPHONE NUMBER \_\_\_\_\_

SPOUSE NAME (IF APPLICABLE) \_\_\_\_\_

SPOUSE BIRTHDATE \_\_\_\_\_ SPOUSE SOCIAL SECURITY NUMBER \_\_\_\_\_

OTHER THAN YOURSELF, WHO WILL OCCUPY THE APARTMENT? \_\_\_\_\_ SPOUSE

|      |           |                        |
|------|-----------|------------------------|
| NAME | BIRTHDATE | SOCIAL SECURITY NUMBER |
|------|-----------|------------------------|

|      |           |                        |
|------|-----------|------------------------|
| NAME | BIRTHDATE | SOCIAL SECURITY NUMBER |
|------|-----------|------------------------|

DOES ANY HOUSEHOLD MEMBER NOT CONTEND ELIGIBLE IMMIGRATION STATUS? ( ) YES ( ) NO

WERE YOU OR ANY HOUSEHOLD MEMBER, WHO WERE AGE 62 OR OLDER AS OF JANUARY 31, 2010, AND WHO DOES NOT HAVE A SSN, RECEIVING HUD RENTAL ASSISTANCE AT ANOTHER LOCATION ON JANUARY 31, 2020? ( ) YES ( ) NO

WHAT STATES HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD (IF APPLICABLE) LIVED IN? \_\_\_\_\_

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING BEFORE? ( ) YES ( ) NO

IF YES, WHERE AND WHY DID YOU MOVE? \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED OR SUED FOR PAYMENT OF RENT? ( ) YES ( ) NO

IF YES, INDICATE WHEN SUCH ACTION WAS TAKEN, WHERE (CITY, STREET ADDRESS, STATE AND ZIP), BY WHOM, FOR WHAT REASON, AND THE OUTCOME OF ACTION. \_\_\_\_\_

ARE YOU OR ANY HOUSEHOLD MEMBER SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?

( ) YES ( ) NO

DO YOU REQUEST EITHER A HANDICAP/DISABILITY ADJUSTMENT TO INCOME OR A SPECIAL HANDICAPPED ACCESSIBLE UNIT, VISUAL/HEARING IMPAIRED UNIT OR BOTH? \_\_\_\_\_

TYPE APARTMENT DESIRED? \_\_\_\_\_ NON- HANDICAPPED \_\_\_\_\_ MOBILITY IMPAIRED \_\_\_\_\_ VISUAL/HEARING IMPAIRED

INCOME: SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_

SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_

SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_

ASSETS: SAVINGS, CHECKING, PROPERTY, OTHER: \_\_\_\_\_

MEDICAL EXPENSES (IF ELDERLY OR HANDICAPPED):

MEDICAL INSURANCE, PRESCRIPTIONS, PHYSICIANS, CURRENT BILLS, OTHER: \_\_\_\_\_

ARE YOU OR ANY OTHER HOUSEHOLD MEMBER A CURRENT ILLEGAL ABUSER OR ADDICT OF A CONTROLLED SUBSTANCE? \_\_\_\_\_ NO \_\_\_\_\_ YES

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? \_\_\_\_ NO \_\_\_\_ YES IF YES, EXPLAIN \_\_\_\_\_

DO YOU CURRENTLY HAVE FRIENDS OR RELATIVES LIVING HERE? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES, WHO? \_\_\_\_\_

LIST THREE (3) PERSONAL REFERENCES (OTHER THAN RELATIVES) WHOM WE MAY CONTACT:

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
|------|---------|------------------|

|      |         |                  |
|------|---------|------------------|
| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|

|      |         |                  |
|------|---------|------------------|
| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|

WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

| NAME | RELATIONSHIP |
|------|--------------|
|------|--------------|

|         |                  |
|---------|------------------|
| ADDRESS | TELEPHONE NUMBER |
|---------|------------------|

"I CERTIFY THAT THE APARTMENT FOR WHICH I AM APPLYING WILL BE MY PERMANENT RESIDENCE. I ALSO CERTIFY THAT, SHOULD I BECOME A TENANT AT THIS COMPLEX, I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. I UNDERSTAND THAT THIS FORM IS ONLY AN APPLICATION FOR RESIDENCE AND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT IN ANY WAY GUARANTEE RESIDENCE IN SUCH. I UNDERSTAND THAT SUPPLYING FALSE AND MISLEADING INFORMATION MAY RESULT IN THE REJECTION OF MY APPLICATION."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**EQUAL HOUSING OPPORTUNITY**

## Supplemental and Optional 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <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. |                                                              |

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

|  |  |
|--|--|
|  |  |
|--|--|

**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.



**Lincoln Park Apts**  
**1109 Sulphur Springs Rd.**  
**Morristown, TN 37813**  
**Phone/Fax: (423) 587-1633**

407 E. Main Street  
Morristown, TN 37814  
Phone: (423) 586-1494  
Fax: (423) 586-3605  
Toll-Free: (800) 586-1494

**LANDLORD REFERENCE FORM**

**Affordable Housing Program**

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Re: \_\_\_\_\_

The person(s) named above has/have applied here for a rental unit and has indicated you as knowledgeable as to their rental history at \_\_\_\_\_. Please provide the information requested below and return in the enclosed self-addressed envelope as soon as possible. We greatly appreciate your cooperation.

Sincerely,  
Apartment Manager

\*\*\*\*\*

I authorize release of information concerning my prior rental history.

**\*APPLICANT: SIGN & DATE HERE.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**\*LANDLORD: PLEASE FILL OUT, SIGN & DATE THIS SECTION BELOW.**

1. How long did tenant reside at this address? \_\_\_\_\_
2. What was amount of monthly rent? \_\_\_\_\_
3. Was rent paid on time? \_\_\_\_\_ If not, please explain below.
4. Were utilities included in rent? \_\_\_\_\_
5. Did tenant appear to maintain a well-kept home? \_\_\_\_\_ If not, please explain below.
6. Was tenant destructive to apartment or adjoining public areas? \_\_\_\_\_
7. If this tenant reapplied for housing in the future, would you rent to them? \_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

Alpine Village  
Auburn Hills  
Autumn Village  
Breckenridge  
Beaver Run  
Brookvale Garden  
Brookwood Terrace  
The Commons  
Cambridge  
Cherry Hill  
College Park  
Dogwood Terrace I  
Dogwood Terrace II  
Dogwood Terrace III  
Douglas Residences  
Franklin Place  
Friendship Manor  
Greenbriar Village  
Greenbriar Village Annex  
Heritage Hills  
Heritage Oaks  
Heritage Oaks Annex  
Highland Manor  
Highland Manor II  
Holly Hills  
Holston Hills  
Lakeway Apartments  
Lakeway Annex  
Lakewood Village  
LeConte Terrace  
Lincoln Park  
Lincoln Park Annex  
McElhaney Glen  
Meadowood Park  
Mountain Grove  
Mill Creek  
Oak Hills  
Oak Hills Annex  
Park Place  
Park Place Annex  
Pleasant Hill  
Renaissance Square  
Roy J. Messer  
Sequoyah Village  
Springbrook  
Stanford Place  
Village Green  
Walnut Creek  
Westminster Place  
Woodland Park  
Woodland Place  
Woodridge  
Woodridge Annex





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Toll-Free: (800) 586-1494

**PERSONAL REFERENCE FORM**

**Affordable Housing Program**

To: \_\_\_\_\_

Re: \_\_\_\_\_

The above person has given your name as a personal reference. It is required that we check all references in order to declare their eligibility.

Please answer the questions listed below and return this verification in the enclosed, self-addressed envelope. We appreciate your cooperation in completing this form and returning it to us as soon as possible.

Sincerely,  
Apartment Manager

\*\*\*\*\*

**\*APPLICANT: SIGN & DATE HERE.**

I authorize release of information for my personal references.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**\*PERSONAL REFERENCE: PLEASE FILL OUT, SIGN & DATE THIS SECTION BELOW.**

1. How long have you known this person? \_\_\_\_\_
2. Did they maintain a neat, clean and attractive home? \_\_\_\_\_
3. Would you consider them to be quiet and compatible? \_\_\_\_\_
4. Were they loud or destructive? \_\_\_\_\_
5. Do you believe that they would make good tenants? \_\_\_\_\_
6. Were you close neighbors to them? \_\_\_\_\_

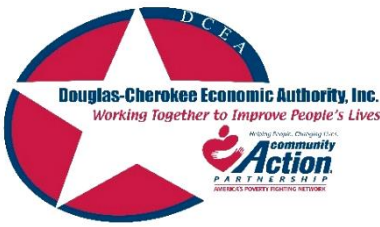
Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Alpine Village  
Auburn Hills  
Autumn Village  
Breckenridge  
Beaver Run  
Brookvale Garden  
Brookwood Terrace  
The Commons  
Cambridge  
Cherry Hill  
College Park  
Dogwood Terrace I  
Dogwood Terrace II  
Dogwood Terrace III  
Douglas Residences  
Franklin Place  
Friendship Manor  
Greenbriar Village  
Greenbriar Village Annex  
Heritage Hills  
Heritage Oaks  
Heritage Oaks Annex  
Highland Manor  
Highland Manor II  
Holly Hills  
Holston Hills  
Lakeway Apartments  
Lakeway Annex  
Lakewood Village  
LeConte Terrace  
Lincoln Park  
Lincoln Park Annex  
McElhaney Glen  
Meadowood Park  
Mountain Grove  
Mill Creek  
Oak Hills  
Oak Hills Annex  
Park Place  
Park Place Annex  
Pleasant Hill  
Renaissance Square  
Roy J. Messer  
Sequoyah Village  
Springbrook  
Stanford Place  
Village Green  
Walnut Creek  
Westminster Place  
Woodland Park  
Woodland Place  
Woodridge  
Woodridge Annex





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## Affordable Housing Program

### FAIR CREDIT REPORTING ACT DISCLOSURE AND CONSENT FORM 15 U.S.C. § 1681b(b)(2)

I, \_\_\_\_\_, certify that Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program disclosed to me that it may obtain a consumer report prepared by a consumer reporting agency for the purpose of evaluating me for a potential housing opportunity.

I understand that a consumer report may include, but is not limited to, information bearing on credit worthiness, credit standing, credit capacity, criminal background, character, general reputation, personal characteristics and or mode of living.

I, \_\_\_\_\_, state that I have read and understood this disclosure and hereby authorize and instruct Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program to procure a consumer report containing any information it deems necessary or prudent and authorize and instruct any and all credit reporting agencies and tenant screening services to provide such reports to Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program. I further understand that my social security number and date of birth are being requested below solely for the purpose of generating an accurate consumer report.

**\*\*Is your credit frozen? Yes \_\_\_\_\_ No \_\_\_\_\_**

***If yes, when it comes time to do your background check, you will need to unfreeze it in order for us to get the complete report. We will notify you when you need to unfreeze it.***

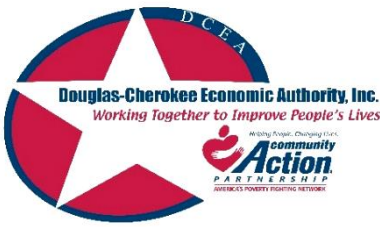
\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

Alpine Village  
Auburn Hills  
Autumn Village  
Breckenridge  
Beaver Run  
Brookvale Garden  
Brookwood Terrace  
The Commons  
Cambridge  
Cherry Hill  
College Park  
Dogwood Terrace I  
Dogwood Terrace II  
Dogwood Terrace III  
Douglas Residences  
Franklin Place  
Friendship Manor  
Greenbriar Village  
Greenbriar Village Annex  
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Roy J. Messer  
Sequoyah Village  
Springbrook  
Stanford Place  
Village Green  
Walnut Creek  
Westminster Place  
Woodland Park  
Woodland Place  
Woodridge  
Woodridge Annex



## Tenant's Copy

407 E. Main Street  
Morristown, TN 37814  
Phone: (423) 586-1494  
Fax: (423) 586-3605  
Toll-Free: (800) 586-1494

### Affordable Housing Program

## NOTIFICATION LETTER

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

Name: \_\_\_\_\_

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

Dear: \_\_\_\_\_

As part of the process evaluating you for a potential housing opportunity by Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program, the Agency may receive and review consumer reports, which may include, among other things, criminal and credit background information. This housing decision may be made in whole or in part based upon the consumer report obtained from:

**Leasing Desk Screening**  
**2201 Lakeside Blvd.**  
**Richardson, Texas 75082**  
**(866) 934-1124**

<http://www.realpage.com/consumer-dispute>

This letter is being given to you in compliance with the Fair Credit Reporting Act. Enclosed is a description of the summary of your rights under the Fair Credit Reporting Act.

If an adverse decision is made, you will have to respond to provide documentation that the information in your background check is incorrect. Please contact us at the number above.

Sincerely,  
Management

Alpine Village  
Auburn Hills  
Autumn Village  
Breckenridge  
Beaver Run  
Brookvale Garden  
Brookwood Terrace  
The Commons  
Cambridge  
Cherry Hill  
College Park  
Dogwood Terrace I  
Dogwood Terrace II  
Dogwood Terrace III  
Douglas Residences  
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Heritage Oaks Annex  
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Village Green  
Walnut Creek  
Westminster Place  
Woodland Park  
Woodland Place  
Woodridge  
Woodridge Annex



*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

| TYPE OF BUSINESS:                                                                                                                     | CONTACT:                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Consumer reporting agencies, creditors and others not listed below                                                                    | Federal Trade Commission: Consumer Response Center - FCRA<br>Washington, DC 20580 1-877-382-4357                                                   |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219 800-613-6743                             |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551 202-452-3693                                             |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Complaints<br>Washington, DC 20552 800-842-6929                                                           |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)                                                     | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314 703-519-4600                                                      |
| State-chartered banks that are not members of the Federal Reserve System                                                              | Federal Deposit Insurance Corporation<br>Consumer Response Center, 2345 Grand Avenue, Suite 100<br>Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation, Office of Financial Management<br>Washington, DC 20590 202-366-1306                                                  |
| Activities subject to the Packers and Stockyards Act, 1921                                                                            | Department of Agriculture<br>Office of Deputy Administrator - GIPSA<br>Washington, DC 20250 202-720-7051                                           |