

APPLICATION

Partners In Housing
455 Gold Pass Heights
Colorado Springs, CO 80906
719.473.8890

(Please complete in blue or black ink)

PRINT *(Every adult must complete an application)*

If your application is incomplete or not legible, it could delay the application process.

Date: _____

Have you applied to PIH in the past? YES NO

Date Last Applied: _____

Were you accepted? _____

If you were not accepted please explain:

Demographic Information

Name: _____
Last First Middle

Please let us know who referred you or how you heard about Partners in Housing, Inc.:

Head of Household: Yes No

If No, Name of Head of Household: _____ Relationship: _____

Ever Received Services Under Different Name? Yes No

If Yes, then provide:

_____ Last First Middle

Marital Status:

Never Married Married Divorced Separated

Name of Spouse or Ex-Spouse: _____

Are you applying with a spouse or partner? Yes No

If applying with a spouse or partner please provide his/her name: _____

Your Date of Birth: _____ / _____ / _____ Your Social Security #: _____

Gender: Male Female

Driver's License/State ID: _____ U. S. Citizen Yes No Alien Status: _____

(You must have a valid Colorado Driver's License or Colorado State ID to be considered for the PIH program)

Current Email address: _____

Current Mailing Address: _____
Street City State Zip Code

Cell Phone: _____ Home Phone: _____ Other: _____

Hispanic/Latino: Yes ___ No ___

Race *(please pick at least one racial designation, choose all that apply):*

American Indian or Alaska Native Black or African American White Asian

Native Hawaiian or Other Pacific Islander

Military Status: Served/Serving U.S. Military (*veteran*): Yes No Before 2002 ____Yes ____ No
Military Status: Are you a Military Spouse or Dependent: Yes No
Disabling Condition: Do you have a disabling condition? Yes No
Do you have a pet living in your home: Yes No

Describe Your Situation: Are you Homeless? Yes No Don't know?

Where Did You Stay Last Night (*choose one*):

- | | |
|---|---|
| <input type="checkbox"/> Apartment or house that you own | <input type="checkbox"/> Permanent housing for homeless persons |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Car or Vehicle | <input type="checkbox"/> Room, apartment, or house that you rent |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Staying/living in family member's room, apart. or house |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hotel or motel paid for with a voucher | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Hotel or motel paid for without a voucher | <input type="checkbox"/> Transportation Site or Station |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other |
| <input type="checkbox"/> Juvenile detention facility | |
| <input type="checkbox"/> Migrant Shelter | |
| <input type="checkbox"/> On the street, under a bridge, etc. | |

If you are currently housed, are you being evicted or asked to leave within 7 days?

- Yes No
Not being evicted
Unknown/Not Sure

How Long Were You There (*choose one*):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Less than 1 week | <input type="checkbox"/> 1 to 2 weeks | <input type="checkbox"/> 3 Weeks to 1 Month | <input type="checkbox"/> 2 to 3 months |
| <input type="checkbox"/> 4 to 6 months | <input type="checkbox"/> 7 months to 1 year | <input type="checkbox"/> More than 1 year | |

Where Did You Stay Before Last Night (*choose one*):

- | | |
|---|--|
| <input type="checkbox"/> Apartment or house that you own | <input type="checkbox"/> Permanent housing for homeless persons |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Car or Vehicle | <input type="checkbox"/> Room, apartment, or house that you rent |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Staying/living in a family member's room, apart. or house |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hotel or motel paid for with a voucher | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Hotel or motel paid for without a voucher | <input type="checkbox"/> Transportation Site or Station |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Varied from place to place |
| <input type="checkbox"/> Juvenile detention facility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Migrant Shelter | |
| <input type="checkbox"/> On the street, under a bridge, etc. | |

Total Number of Times Homeless (*including this time - choose one*):

- 0 1 2 3 4 5 to 7 8 to 10 11 or More

Number of Times Homeless in the past three years (*choose one*):

- 0 1 2 3 4 5 to 7 8 to 10 11 or More

How Long Have You Been Homeless This Time (choose one):

- Less than 1 month 1 to 3 months 4 to 6 months 7 to 11 months
- 12 months to 2 years 3 to 5 years 6 to 10 years More than 10 years

Reasons or contributing factors to homeless situation (may check more than one):

- Abuse or violence in my home
- Alcohol/substance abuse problems
- Asked to leave
- Bad credit
- Couldn't pay utilities
- Discharge from foster care
- Discharged from jail
- Discharged from prison
- Family member or personal illness
- Legal problems
- Lost a job/couldn't find work
- Medical expenses
- Mental illness
- Moved to find work
- Problems with public benefits
- Relationship problems or family break-up
- Reasons related to my sexual orientation
- Unable to pay rent/mortgage
- Other _____

Tell us about your last Permanent Address (where you last lived for 90 days or more):

Last Permanent Address: _____
 Last Permanent City: _____ State/Province: _____
 Last Permanent Zip Code: _____ Dates resided from _____ to _____

Please list all states that you have lived since the age of 18 (must list all states):

State: _____ City: _____ County: _____ Dates lived there: _____
 State: _____ City: _____ County: _____ Dates lived there: _____
 State: _____ City: _____ County: _____ Dates lived there: _____
 State: _____ City: _____ County: _____ Dates lived there: _____

Employment:

Currently Employed: Yes No
 How Many Hours Worked Last Week: _____ Where: _____
 Type of Work: Permanent Temporary Seasonal Contract Based
 If not employed, are you looking for work: Yes No
 If not employed, what was timeframe of last job: _____ / _____ / _____ to _____ / _____ / _____
 Type of work: _____
 If not employed explain why: _____

Income From Work & Other Sources:

Received Income From Work Last Month: Yes No
 Income from Employment in Dollars: \$ _____

Received Income from Other Sources: Yes No

- | | | | |
|---|----------|-------------------------------------|----------|
| 1) Unemployment: | \$ _____ | 9) Retirement from Social Security: | \$ _____ |
| 2) Supplemental Security Income: | \$ _____ | 10) Veteran's Pension: | \$ _____ |
| 3) Social Security Disability Income: | \$ _____ | 11) Pension from Former Job: | \$ _____ |
| 4) Veteran's Disability Payment: | \$ _____ | 12) Child Support: | \$ _____ |
| 5) Private Disability Insurance: | \$ _____ | 13) Alimony/Other Spousal Support: | \$ _____ |
| 6) Worker's Compensation: | \$ _____ | 14) Aid to the Needy and Disabled: | \$ _____ |
| 7) Temporary Assist for Needy Families: | \$ _____ | 15) Old Age Pension (OAP): | \$ _____ |
| 8) General Assistance: | \$ _____ | 16) Other Sources: | \$ _____ |
- Describe: _____

Non-Cash Benefits:

	Eligible	Application Submitted	Currently Receiving	Past Recipient
Food Stamps: <u>Amount \$</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Health Insurance Pr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women Infants Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's VA Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance, Section 8, Housing Vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had Housing Assistance through any other agency (Example: Section 8): _____

Do you receive, **currently**, any Housing Assistance through any other agency?: _____

Other Benefit Sources: _____

Education:

Are You In School Now: Yes No

Working on a Degree/Certification: Yes No

Do You Have a Vocational or Apprenticeship Certificate: Yes No

Highest Level of Education Completed (*choose one*):

- No schooling
 Preschool to 4th Grade
 5th or 6th Grade
 7th or 8th Grade
 9th Grade
 10th Grade
 11th Grade
 12th Grade, no diploma
 High School Diploma
 GED
 Post Secondary

Received Degrees (*choose all that apply*):

- Technical Degree or Certificate
 Associates Degree
 Bachelors Degree
 Masters Degree
 Doctoral all but dissertation
 Doctoral Degree
 Post-Doctoral Work
 Other Graduate Degree

Children (*for Minors up to age 17*):

Total number of children: _____

Name (first and last)	Sex	Age	Date of Birth	Race*	Hisp Y/N	Name of School/Daycare	Full Social Security Number	Name of Other Parent
1.								
2.								
3.								
4.								
5.								

*American Indian or Alaska Native Black or African American White Asian
 Native Hawaiian or Other Pacific Islander

If child(ren) is/are **between ages 4-17** and not in school explain why (*may check more than one*):

- None
- Residency requirements
- Availability of school records
- Birth certificates
- Legal guardianship requirements
- Transportation
- Lack of avail preschool programs
- Immunization requirements
- Physical Exam requirements
- Other _____

If **younger than age 4**, why not in daycare (*may check more than one*):

- Expense
- Not qualify for CCAP
- Availability of records
- Not wanting to enroll
- Legal guardianship requirements
- Transportation
- Lack of avail/open programs
- Immunization requirements
- Physical Exam requirements
- Other _____

Health Information for the children

Print child's name	Disabled	General Health (<i>choose one</i>):
Child # 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Child # 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Child # 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Child # 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Child # 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Who has legal custody of the child(ren): _____ Where are they living: _____

Do you or the other parent have visitation rights: Yes No

If yes, how often & where does this occur: _____

Is there a safety concern? If yes, please explain: _____

Have you ever been investigated for Child Abuse and/or Neglect: Yes No If yes list dates involved: _____

If Yes, Explain Incident: _____

DHS Caseworker's Name: _____ Phone: _____

City/County/State: _____ Dates of involvement: _____

What was the outcome? _____

Domestic Violence:

Experienced Abuse: Current In the Past No

If Current or Past, How Recent:

- Immediately prior to contact
- 24-48 hours ago
- Last week
- Last month
- Past 3 months
- 3 – 6 months
- 6 – 12 months
- More than 1 year
- Don't Know

Is there a current safety concern: Yes No

Criminal Background:

Have you ever been arrested or ever been charged of a crime? Yes No

If yes, list dates, city, county, state, and explain: _____

Are you currently involved in any court/legal proceedings? Yes No

If yes, list dates, city, county, state, and explain: _____

Health Information:

General Health (*choose one*): Excellent Very Good Good Fair Poor

Currently Pregnant: Yes No Don't Know Not Applicable

If yes, what is the due date:____/____/____ (MM/DD/YYYY)

Physical Disability: Current In the Past No

If Yes, type of disability:_____

Expected to be of long duration: Yes No

Developmental Disability: Current In the Past No

If Yes, type of disability_____

Diagnosed HIV/AIDS: Yes No Don't Know

Do you have a chronic health condition? Yes No Don't Know

Are you able to work or re-train: Yes No

Substance Use:

a. When was the last time you had something alcoholic to drink?_____

b. How much do you drink at one time?_____

c. How many times did you drink last month?_____

d. Is there a history of alcoholism in your family?_____

e. Has your drinking caused any problems for you? Yes No

Please Explain:_____

f. Have you ever been arrested for any alcohol related driving offenses? Yes No

Please Explain:_____

g. Have you ever been in an alcohol treatment program? Yes No

If Yes, When and Where:_____

Drugs:

a. Have you ever used drugs? Yes No

If Yes, When and What:_____

b. When was the last time you used drugs?_____

c. Have you ever been in a drug treatment program? Yes No

If Yes, dates, city and state, name of treatment facility:_____

d. Have you ever been arrested for any drug related offenses? Yes No

If Yes, dates, city and state, offense:_____

Mental Health History (*Psychiatric or Emotional*):

a. Have you ever received treatment for an emotional problem or mental disorder? Yes No

If Yes, Please list the diagnoses:_____

Who is your mental health provider:_____

b. Have you ever been prescribed medications for a mental, emotional, or behavioral concern? Yes No

If Yes, Please list:

Name(s) of medication(s):_____

Dates taking medication:_____

ANSWER THE FOLLOWING QUESTIONS IN DETAIL:

1. What steps have you taken, so far, to prevent you from becoming homeless:

- A. _____
- B. _____
- C. _____

2. Once you obtain housing, what are your:

- A. Educational Goals: _____
- B. Career Goals: _____
- C. Life Goals: _____

REFERENCES: (List people, unrelated to you, who we can contact for references.)

Landlord Reference (Any landlord you have rented from):

1) Full Name: _____ Phone: _____ / _____ / _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Apartment Building: _____ **Phone #:** _____
Dates Lived There: from _____ to: _____

Landlord Reference (Any landlord you have rented from):

1) Full Name: _____ Phone: _____ / _____ / _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Apartment Building: _____ **Phone #:** _____
Dates Lived There: from _____ to: _____

I GIVE "PARTNERS IN HOUSING" PERMISSION TO CONTACT ALL REFERENCES & RUN A CRIMINAL BACKGROUND CHECK (see Page 11 Fair Credit Reporting Act). I understand that if I fail to provide written permission, my application will not be processed.

Applicant Signature

Date

ATTEST OF INFORMATION

I attest that all the information provided in this application is honest and accurate to the best of my knowledge. I understand that any deliberate misrepresentation of the information could result in my being denied acceptance into or expelled from transitional housing.

Applicant Signature

Date

Applicant Printed Name

COMPLETE FRONT & BACK PAGES (12 PAGES TOTAL) TO INCLUDE FAIR CREDIT REPORTING ACT & PIKES PEAK REGION CMS Information. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

**Return completed and dated application to:
Partners In Housing
455 Gold Pass Heights
Colorado Springs, CO 80906**

All applicants are to be assured of confidential treatment of personal information to the extent possible. PIH shall obtain written permission for the release of information, unless such release is otherwise authorized by law.

Pikes Peak Region Comprehensive Client Management System

This explains how information about you, provided in the application, may be used:

In order for Partners In Housing to provide you with the best possible service(s), it is necessary for us to collect information about you and your family.

This information is entered into a computer program called CMS.

CMS allows us to keep track of your information and the services we provide.

It may be used in aggregate community reports, but none of your identifying information, name, social security number, birthdate, etc. will be reported.

I have read this statement:

Signature

Date

Application (continued): Address & Employment History

Partners In Housing
455 Gold Pass Heights
Colorado Springs, CO 80906
(719) 473-8890

Name of Applicant: _____

List the places you have resided in the past 10 years.

1. ADDRESS: _____
NAME OF APARTMENT COMPLEX: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ DATES RESIDED: _____ to _____

2. ADDRESS: _____
NAME OF APARTMENT COMPLEX: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ DATES RESIDED: _____ to _____

3. ADDRESS: _____
NAME OF APARTMENT COMPLEX: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ DATES RESIDED: _____ to _____

4. ADDRESS: _____
NAME OF APARTMENT COMPLEX: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ DATES RESIDED: _____ to _____

5. ADDRESS: _____
NAME OF APARTMENT COMPLEX: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ DATES RESIDED: _____ to _____

6. ADDRESS: _____
NAME OF APARTMENT COMPLEX: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ DATES RESIDED: _____ to _____

7. ADDRESS: _____
NAME OF APARTMENT COMPLEX: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ DATES RESIDED: _____ to _____

List the places you have been employed in the past 10 years.

Present Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Tasks: _____ Start Date: _____

Assigned Days & Hours: _____ Pay Rate: _____

1. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

2. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

3. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

4. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

5. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

**STATE OF COLORADO
 DIVISION OF PROPERTY TAXATION
 DEPARTMENT OF LOCAL AFFAIRS**

DECLARATION OF HOMELESS/ABUSED STATUS AND INCOME
(TO BE COMPLETED BY RESIDENT AND RETURNED TO BUILDING MANAGER)

INSTRUCTIONS:

This form is necessary for the owner of your apartment or residency to obtain exemption from property tax assessment against your unit. Please complete Sections I, II, and III and return this form along with a copy of any Federal Income Tax return you were required to file, to your building manager. If two residents live in the unit and filed jointly with the IRS, both residents may be listed on one form. Resident filing separately with the IRS must complete a separate Declaration form.

SECTION I: HOMELESS OR ABUSED STATUS

A. List each person who resided in this unit on January 1st. If you are claiming to be "Homeless," read the following definitions of homeless, and choose the letter that best describes your situation immediately prior to occupying the residence. In addition, describe your specific circumstances below.

- (A) Staying in an emergency temporary shelter for the homeless.
- (B) Staying in a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- (C) At imminent risk of homelessness because I faced immediate eviction and was unable to identify an alternative residence.
- (D) Released from an institution for the handicapped or disabled, and was unable to identify an alternate residence.
- (E) Resided in a homeless shelter during the 6 months prior to moving into this facility.

B. If you are claiming to be "Abused," were you or a member of your immediate family who resides with you in this unit physically, mentally and/or emotionally injured immediately prior to occupying this residence and do you and your family reside at this facility because of this abuse? Please answer YES or NO and describe your specific circumstances below.

UNIT #	NAME & ADDRESS of RESIDENT	HOMELESS? A, B, C, D or E	ABUSED? Y or N	DEPENDENTS INCLUDED IN INCOME CALCULATION
	_____	/	_____	_____
	_____	/	_____	_____
	_____	/	_____	_____
	_____	/	_____	_____
	_____	/	_____	_____
Explanation of homeless or abused status:				

SECTION II: CALCULATION OF GROSS INCOME

If your building manager has not completed Subsection A, you must complete either Subsection B, C, D, or E in order to calculate your total actual income received for the last calendar year. If you did not file a federal income tax return, you must complete Subsection B. If you filed a federal income tax return, and you must attach a copy of your IRS return to this Declaration form.

SECTION III: SIGNATURE AND VERIFICATION

I (we) declare under penalty of perjury in the second degree that I (we) have examined this statement, and to the best of my (our) knowledge and belief, it is true, correct and complete.

 Signature

 Date

 Co-Signature

 Date

RESIDENTS: Return this completed form to your building manager, along with a copy of any Federal Income Tax return you were required to file.

BUILDING MANAGER: These forms are to be compiled and listed on the "List of Occupants."

**FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION**

Disclosure: In order to evaluate your application for Partners In Housing’s self-sufficiency program or, if accepted, to assist management with decisions, Partners In Housing may obtain consumer reports, investigate consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency bearing upon your credit history, character, reputation, personal characteristics, medical information, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual program relationship.

You have certain rights regarding these reports and their use as defined under the Fair Credit Reporting Act and as summarized in “A Summary of Your Rights under the Fair Credit Reporting Act” which has been provided to you.

Authorization: I voluntarily authorize Partners In Housing to obtain consumer reports, investigative consumer reports and criminal history records check about me in order to make informed decisions regarding my proposed or actual program relationship with Partners In Housing. The information obtained may include medical information. I acknowledge that I have rights under the Fair Credit Reporting Act including those discussed in “A Summary of Your Rights under the Fair Credit Reporting Act” which I have received and reviewed.

Printed Name

Date

Social Security Number

_____ Male Female
Date of Birth

_____ State
Drivers License #

Maiden Name/Alias

Signature

Other Aliases

APPLICANT COPY

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 14 U.S.C. 1681-1681u et seq., at the Federal Trade Commission’s web site (<http://www.ftc.gov>) The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a stated attorney general to learn these rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source must also advise national CRAs – to which it has provided the data – of any error). The CRA must give you a written report of the investigation, and a copy of the report, if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is altered or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated or cannot be verified.** If your dispute results in any change in your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate information items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address excluded from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them in state or federal court.

APPLICANT COPY