SENECA - CAYUGA NATION

23701 South 655 Road,
Grove, OK 74344
Phone (918) 787-5452 Ext 6060 or 6038
Direct line (918) 791-6060 or (918) 791-6038

Fax (918) 516-0591

Email: mmorris@sctribe.com or
jlogan@sctribe.com

Housing Rental Application

COMPLETE IN BLACK OR BLUE INK ONLY

***THE FOLLOWING ITEMS ARE REQUIRED:**

1. **Copy of Tribal Membership Cards for ALL members living in the household (if applicable)**
2. **Copy of Social Security Cards for ALL members living in the household**
3. **Copy of Driver's License**
4. **ALL household income must be verified for all members over the age of 18. A statement from the employer on company letterhead stating your earnings or the Employment Verification form attached. This also includes unearned income such as Social Security, AFDC, V.A., Social Security SSI, Previous Year Tax Forms, etc. You can submit the most recent year's award letter as verification for these. If one is unemployed, you must submit a letter from the State Unemployment Office or a notarized statement that you do not have any income from any source.**
5. **Marriage Certificates (if applicable)**
6. **Divorce Decree(s) (if applicable)**
7. **Court documents or documents showing primary custody, guardianship documents for guardians of children. (If applicable)**
8. **Background and Credit Checks forms**

Seneca-Cayuga Nation
Housing Rental Application

_____ Low-Income Rental **_____ Tribal Housing Rental**

Name: _____

Address: _____City:_____State: ____Zip: _____
Years Living Here: _____
Mailing Address if different from above: _____

Home Phone: _____Cell #: _____Work #: _____

Email Address: _____

Emergency Contact Name: _____Phone#:_____

Address: _____ Relationship: _____

HOUSEHOLD COMPOSITION:

Name of all Members:(Last, First, MI)	Relationship To Head	Sex M/ F	Date of Birth	Native Y/N	List Tribe	Social Security #
	Head					
	Spouse					

******If you need additional space to list your family members, please use separate sheet of paper and attach it to this application.**

HOUSEHOLD INCOME: List all income for every member of the household over 18 years old. Please List the Dollar Amount Received

Household Member(s)	Employer & Address	Monthly Wages	Welfare TANF	Child Support Received	Social Security Benefits	Unemployed Benefits	All Other Income

Please explain sources of other income: _____

_____

PLEASE LIST LANDLORDS FOR THE PAST 5 YEARS:

(We must have either a telephone number or address of the landlords listed.)

CURRENT LANDLORD'S NAME: _____ LANDLORD MAILING ADDRESS: ___
_____ PHONE: _____
ADDRESS: _____
DATE FROM: _____ TO: _____ REASON FOR MOVING: _____

LANDLORD'S NAME: _____ LANDLORD MAILING ADDRESS: ___
_____
_____ PHONE: _____
ADDRESS: _____
DATE FROM: _____ TO: _____ REASON FOR MOVING: _____

LANDLORD'S NAME: _____ LANDLORD MAILING ADDRESS:
_____ PHONE: _____
ADDRESS: _____
DATE FROM: _____ TO: _____ REASON FOR MOVING: _____

Do you have any objection if the Housing Department contacts your previous landlords? Yes_____ No____
If yes, give reason _____

PLEASE LIST (3) PERSONAL REFERENCES: (Must not be related)

NAME: _____ PHONE: _____
ADDRESS:
_____

NAME: _____ PHONE: _____
ADDRESS: _____

NAME: _____ PHONE: _____
ADDRESS: _____

EMPLOYER INFORMATION:

APPLICANT: _____
NAME OF EMPLOYER MAILING ADDRESS Phone#

SPOUSE: _____
NAME OF EMPLOYER MAILING ADDRESS Phone#

Other ADULT: _____
NAME OF EMPLOYER MAILING ADDRESS Phone#

Other ADULT: _____
NAME OF EMPLOYER MAILING ADDRESS Phone#

PLEASE READ & ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

Have you ever lived in a PUBLIC/INDIAN Housing Authority project? YES □ NO □

If YES, Where and When? _____

Have you or any other member of your family ever been evicted? YES □ NO □

If so, explain the circumstances: _____

Has anyone listed on this application ever been arrested for and/or convicted of a misdemeanor or felony criminal offense resulting in imprisonment or probation? YES ☐ NO ☐
If YES, Who, When, and What type?

Did you leave owing your previous landlord? YES ☐ NO ☐

If YES, Who and How much? _____

Do you owe any utility company an outstanding balance for services? YES ☐ NO ☐

If YES, Who and How much? _____

Are any government agencies currently seeking collections (IRS, student loans, etc.)? YES ☐ NO ☐

If YES, Who and How much? _____

Are you or any member of your family a Veteran? YES ☐ NO ☐

Are you or any member of your family Elderly? YES ☐ NO ☐

What is your current housing situation? Renting _____ Own Home _____ Other, please explain_____

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

- I certify that the information on this application is true and complete to the best of my knowledge.
- I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- I give permission to the Housing Department to make inquiries for the purpose of verification of statements made in this application, including inquiries with any current or former landlords or employers.
- I understand that providing false information may disqualify me or could result in the Housing Department evicting me from any premises that it later leases to me.

_____ _____
Applicant's Signature Date

_____ _____
Co-Applicant Date

Seneca-Cayuga Nation
Housing Rental Application

Authorization for the Release of Information and Privacy Act Notice

Requirements: Seneca-Cayuga Nation Housing department requires that you sign a consent form authorizing us to request verification of salary and wages from current or previous employers; to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. We require independent verification of income information. Therefore, SCN may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing SCN to request income information from the sources listed on the form. We need this information to verify your household's income, to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level.

Uses of Information to be Obtained: We are required to protect the income information we obtain in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. We may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and for the purpose of determining housing assistance. The SCN is also required to protect the income information it obtains in accordance with any applicable State privacy law. The SCN employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Persons who apply for or receive assistance under any of the Seneca-Cayuga Nation Housing Department programs, must complete this form. Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the nation grievance procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in

determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any periods(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow Seneca-Cayuga Nation Housing Department to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that SCN will not use this form to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Privacy Act Notice:

The Seneca-Cayuga Nation Housing Department is authorized to collect information by the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA). You must provide all the information requested by the housing division.

Your income and other information are being collected by the division of housing to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent. This information may be released to appropriate federal, state, and local agencies when relevant and to civil, criminal, or regulatory investigators and prosecutors pursuant to federal law.

I/We certify that all information provided on this application, including income, and household composition is true and accurate. I/We understand that false statements or information is punishable under Federal Law.

Signature of Applicant	Date
Signature of Spouse/Co-Tenant	Date
Other Adult Member	Date
Other Adult Member	Date

Conflict of Interest Disclosure

The Seneca-Cayuga Nation Housing Department takes seriously any actual or potential conflicts of interest. As we wish to avoid even the appearance of a conflict, we ask all applicants to disclose any immediate family members, or other significant persons, whom are employed in housing department, or serve as member of Housing Committee, or Business Committee of Seneca-Cayuga Nation which could potentially cause a conflict of interest. For this purpose, immediate family member includes, but is not limited to, spouse, children, parents and siblings.

Please list any relationship here (please print):

_____

_____

_____

_____

_____

Attestation: The undersigned individual(s) hereby attest(s) that he/she is a participant in one or more of the housing divisions programs and that he/she is independent of and has no conflict of interest with any persons not listed above.

_____ _____

Signature of head of household Date

_____ _____

Signature of spouse/Co-Applicant Date

Official Use Only

Date and time **COMPLETED** application received by Seneca-Cayuga Nation: _____

SCN Housing Employee accepting **COMPLETED** application: _____

Date placed on Waiting List: _____

Eligible: _____ Not Eligible: _____ If not eligible, state reason: _____

_____

_____

Additional Comments: _____

_____

_____

_____

_____

Seneca-Cayuga Nation
23701 S 655 Rd
Grove, OK 74344
Phone: (918) 791-6060

EMPLOYMENT INCOME VERIFICATION

The Seneca-Cayuga Nation Housing Department is required to verify the income of all applicants of the program. The person whose name appears below states that he/she is now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of benefit to your employee. Such information will be held in confidence and used only by the housing division as legally necessary. **Employer will need to submit the form to Seneca-Cayuga Nation it can be email, faxed, or mailed.**

Date: _____ Employee Signature_____

Name/Address of Employer: _____

_____

Phone: _____

_____
Applicant Name

_____
Address

_____
City, State, Zip Code

_____
Phone Number

_____
Social Security Number:

****

INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY!

Date Employee was hired: _____Employee Title: _____

Circle which applies: Full-Time Part-Time Seasonal

Current Number of Hours worked per week: _____ Annual Gross $_____

Current base pay rate per hour: _____ Monthly Yearly

Employee is paid (Circle) Weekly Bi-Weekly

The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.

_____ _____
Authorized Representative's Signature Date

_____
Position/Title

Seneca-Cayuga Nation
23701 S 655 RD
Grove, OK 74344
Phone: 918-791-6060

EMPLOYMENT INCOME VERIFICATION

The Seneca-Cayuga Nation Housing Department is required to verify the income of all applicants of the program. The person whose name appears below states that he/she is now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of benefit to your employee. Such information will be held in confidence and used only by the housing division as legally necessary. **Employer will need to submit the form to Seneca-Cayuga Nation it can be email, faxed, or mailed.**

Date: _____ Employee Signature_____

Name/Address of Employer: _____

_____

Phone: _____

_____
Applicant Name

_____
Address

_____
City, State, Zip Code

_____
Phone Number

_____
Social Security Number:

****

INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY!

Date Employee was hired: _____Employee Title: _____

Circle which applies: Full-Time Part-Time Seasonal

Current Number of Hours worked per week: _____

Current base pay rate per hour: _____ Annual Gross $_____

Employee is paid (Circle) Weekly Bi-Weekly Monthly Yearly

The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.

_____ _____
Authorized Representative's Signature Date

_____
Position/Title

SENECA - CAYUGA NATION

DECLARATION OF NO (ZERO) INCOME

I, _____ do hereby certify that I have no (zero) income for the past 30 days, as of the date identified below.

_____

Signature

_____

Date

I certify that the information presented in this Declaration of Income and No (Zero) Income Form is complete and accurate to the best of my knowledge. Section 1001 of Title 18 of the US Code makes it a criminal offense to make a willful false statement of misrepresentation to any department or Agency of the U.S. to any matter within its jurisdiction.

SENECA - CAYUGA NATION

DECLARATION OF NO (ZERO) INCOME

I, _____do hereby certify that I have no (zero) income for the past 30 days, as of the date identified below.

_____

Signature

_____

Date

I certify that the information presented in this Declaration of Income and No (Zero) Income Form is complete and accurate to the best of my knowledge. Section 1001 of Title 18 of the US Code makes it a criminal offense to make a willful false statement of misrepresentation to any department or Agency of the U.S. to any matter within its jurisdiction.

Appeal Process

Appeals from Administrative Actions
This section applies to all appeals from decisions made by officials of the Seneca-Cayuga Nation by person who may be adversely affected by such decisions.

Appeals Procedures

1. Officials Who May Decide Appeals

The following officials may decide appeals.

   A. The Nation's Housing Committee, if the subject of appeal is a decision by a person under the authority of the Nation's Housing Committee.
   B. The Nations Business Committee, if the subject of appeal is a decision of the Nation's Housing Committee.

2. Finality of Decisions
   A. Decisions made by officials of the Seneca-Cayuga Nation shall be effective when the time for filing a notice of appeal has expired and not notice of appeal has been filed.
   B. Decisions made by the nation's Business Committee shall be final for the Seneca-Cayuga Nation and effective immediately.
3. Notice of Administrative Decision or Action
   A. The official deciding shall give the person affected by the decision written notice of the decision by personal delivery or by mail.
   B. Failure to give such notice shall not affect the validity of the decision or action but the time to file a notice of appeal regarding such a decision shall not begin to run until notice has been given in accordance with subparagraph (c) of this paragraph.
   C. All written decisions except decisions which are final for the Seneca-Cayuga Nation pursuant to paragraph 2(b), shall include a statement that the decision may be appealed pursuant to this section, identify the official to whom it may be appealed and indicated the appeal procedures, including the 10-working daytime limit for filing a notice of appeal.
4. Notice of an Appeal
   A. An appellant must file a written notice of appeal in the office of the official whose decision is being appealed. The appellant must also send a copy of the notice of appeal to the official who will decide the appeal. The notice of appeal must be filed in the office of the official whose decision is being appealed within 10 working days of the receipt by the appellant of the notice of administrative action described in paragraph 3. A notice of appeal that is filed by mail is considered failed on the date that it is postmarked. The burden of proof of timely filing is on the appellant. No extensions of time shall be granted for filing a notice of appeal. Notices of appeal not filed in the specified time shall not be considered, and the decision involved shall be considered final for the Seneca-Cayuga Nation and affective in accordance with paragraph 2(A).
   B. The Notice of Appeal Shall:
      1. The statement must include name, address, and phone number of the appellant.
      2. The statement must be clearly labeled or titled whit the words "NOTICE OF APPEAL."
      3. Have on the face of any envelope in which the notice is mailed or delivered, in addition to the address, the clearly visible words "NOTICE OF APPEAL."
      4. Contain a statement of the decision being appealed that is sufficient to permit the identification of the decision.
      5. If possible, attach a copy of the notice of the administrative decision received under paragraph 3.

5. Statement of Reasons
    A. A statement of reasons shall be filed by the appellant in every appeal and shall be accompanied by or otherwise incorporated all supporting documents.
    B. The statement of reasons must be included in or filed with the notice of appeal.
    C. The statement of reasons shall:
        1. Be clearly labeled "STATEMENT OF REASONS".
        2. State the reasons why the appellant believes the decision being appealed is in error.
6. Filing of an Appeal
    A. An appeal document is properly filed with an official of the Seneca-Cayuga Nation:
        1. By personal delivery during regular business hours to the person designated to receive mail in the immediate office of the official.
        2. By mail addressed to the official. The document is considered filed by mail on the date that it is postmarked.
7. Computation of Time
    In computing any period of time prescribed or allowed in this section, workdays (Monday-Friday) shall be used. Computation shall not include the day on which the decision being appealed was made, or the notice was received. Computation shall include the last day of the period, unless it is a Nations or legal holiday, in which event the periods run until the end of the next day which is not a Saturday, Sunday, or Nations or legal holiday.
8. Summary Dismissal
    A. An appeal under this section will be dismissed if the notice of appeal is not filed within the time specified in paragraph 4.
    B. An Appeal under this section may be subject to summary dismissal if the appeal documents do not state the reasons why the appellant believes the decision being appealed is in error, or the reasons for the appeal are not otherwise evident in the document.
9. Action by the Nation's Housing Committee on Appeal
    A. The Housing Committee shall render written decisions in all cases which the authority to issue a decision has been assigned pursuant to paragraph 1 (a) within 30 days. The decision shall include a statement that the decision may be appealed pursuant to this section, identify the official to whom it may be appealed and indicate the appeal procedure, including the 10-day time limit for filing a notice of appeal.
    B. A copy of the decision shall be sent to the appellant by certified or registered mail, return receipt requested. Such receipts shall become a permanent part of the record.
10. Action by the Tribal Business Committee on Appeal
    A. The Business Committee shall render a written decision in an appeal from a decision of Business Manager within 60 days. A copy of the decision shall be sent to the appellant by certified or registered mail, return requested. Such receipts shall become a permanent part of the record. The decision shall be final for the Seneca-Cayuga Nation and effective immediately.
11. Scope of review.
    A. When a decision has been appealed, any information available to the reviewing official may be used in reaching a decision whether part of the record or not.
    B. The deciding official shall include in the record copies of documents, or a description of the information used in arriving at the decision. Except when disclosure of the actual documents used may be prohibited by law, copies of the information shall be made available to the party of the appeal upon request and at their expense.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Seneca-Cayuga Nation ("the Organization") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Compu-Fact Research, Inc., 1236 Jungermann Rd, Ste. H-1, St. Peters, MO 63376; (888) 258-0216, compufact.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York residents/applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law. **New York City residents/applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state, or local law to you at the address(es) and/or email address(es) you provided to the employer.
Washington State residents/applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Massachusetts and New Jersey residents/applicants only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the company by directly contacting the consumer reporting agency identified above.
Minnesota and Oklahoma residents/applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐
California residents/applicants only: By signing below, you acknowledge receipt of the "NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW".

This information will be used for background screening purposes only and will not be used as hiring criteria.

NAME (FIRST/ MIDDLE/ LAST) _____ MALE/ FEMALE _____

OTHER NAMES USED IN THE LAST SEVEN YEARS (FIRST/ MIDDLE/ LAST) _____

Home Address for the past seven years: (List additional addresses on separate page, if needed.)

CURRENT ADDRESS (STREET / CITY, SATE, ZIP) _____

PREVIOUS ADDRESS (STREET / CITY, STATE, ZIP) _____

PREVIOUS ADDRESS (STREET / CITY, STATE, ZIP) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MONTH/DAY/YEAR) _____

DRIVER LICENSE NUMBER _____ DRIVER'S LICENSE STATE OF ISSUES _____

SIGNATURE _____ TODAY'S DATE _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Seneca-Cayuga Nation ("the Organization") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Compu-Fact Research, Inc., 1236 Jungermann Rd. Ste H-1, St. Peters, MO 63376, (888) 258-0216, https://compufact.com.

DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT"

BACKGROUND INVESTIGATION

Seneca-Cayuga Nation (the "Organization"), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by Compu-Fact Research, Inc., 1236 Jungermann Rd. Ste H-1, St. Peters, MO 63376, (888) 258-0216, https://compufact.com.

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

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 FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form 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).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357