

Advanced Reporting

P.O. Box 12398 ▪ Salem, OR 97309
503.375.0451 ▪ Toll Free 1.888.375.0451
Fax 503.364.0195 ▪ Toll Free Fax 1.877.450.2774
www.advrep.com

Professional Background Screening Services

TENANT SCREENING ADVERSE ACTION FORM

Property Information:

Date: _____

Complex / Property Name Unit #

Applicant(s) Information:

Name(s)

Street Address Unit #

City State Zip Code

Description of Adverse taken:

- Denial of your application. Consumer did not meet rental criteria
- An increase security deposit of fee. In accordance with rental criteria.
- Information received from a person or company other than a consumer reporting agency.
You have the right to make written request to us within 60 days of receiving this letter for a disclosure of the nature and scope of this information.

Disclosure of us of information obtained from an outside source:

- The credit decision was based in whole or in part on the information obtained in a report from the consumer reporting agency identified below. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. The agency played no part in the decision and is unable to supply specific reasons why specific adverse action was taken.
- Equifax, PO Box 740256, Atlanta, GA 30374-2042 Phone: 800-685-1111
- Experian, PO Box 2002, Allen, TX 75013 Phone: 888-3973742
- Trans Union, PO Box 390, Springfield, PA 19064 Phone: 800-888-4213
- Other: _____

Equal Credit Opportunity Act Notice:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is:

Federal Trade Commission, Consumer Response Center, Washington, DC 20580

Landlord Owner Agent Information:

Owner / Agent:

Street Address

Telephone:

City State Zip Code



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YOUR TENANT SCREENING REPORT AUTHORIZATION

I understand that Advanced Reporting will be preparing my Tenant Screening report and I authorize them to obtain consumer credit/criminal history information on me. I authorize my creditors and employers to release to Advanced Reporting all information necessary to complete said report. I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use, and request of such a copy be honored fully. This consent is subject to written revocation at anytime except to the extent that action has been taken in reliance there on. In any event, this consent shall expire upon the conclusion of said report.

Date: _____

Applicant Name: _____ **Social Security #:** _____ - _____ - _____

All other names used: _____ **Date of Birth:** _____

Applicant Signature: _____

Co-Applicant Name: _____ **Social Security #:** _____ - _____ - _____

All other names used: _____ **Date of Birth:** _____

Co-Applicant Signature: _____

Property/Complex Name: _____

You are **REQUIRED** to provide all previous residences with the last ten (10) years. Please list below each residence along with the dates of residence. Please use a separate sheet of paper if necessary, including your signature.

Dates	Residence Address	City	State	Zip