

APPLICATION DENIAL AND **ADVERSE ACTION LETTER**

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Applicant:		Unit:
Address:City:	State:	Zip:
Rental Unit Address:		Unit:
Your Application to rent the prop for the fo	erty did not meet our screen ollowing reason(s):	ning guidelines
☐ Negative or insufficient rental history.		
☐ Negative or insufficient reports from references of	or other sources.	
☐ An eviction within the past five years that resulte	d in a general judgment for the O	Owner/Agent.
☐ An eviction action that is still pending.		
☐ Inaccurate or false information on the Applicatio	n	
☐ Unacceptable criminal history that includes a drug financial fraud, including identity theft and forgothe property of the Owner/Agent, or the health or Owner/Agent.	ery, or any other crime of a natu	are that would adversely affect
☐ Inability to verify information		
☐ Insufficient income		
☐ The property was rented to someone else	•	
☐ Failure to meet other screening guidelines:		
Screening Charge Ret Because your Application did n Denying your Application or		ies, we are:





If Applicant submitted supplemental information to man explanation of the reasons that supplemental informed Owner/Agent's decision to reject the Application	rmation did not adequa	
informed 6 when/rigent's decision to reject the rippined	ation.	
If you were not previously provided an opportunity t Agent to request that opportunity.	o submit Supplemental	Evidence, you may contact Owner/
☐ If checked, this denial or adverse action was taken. The name and address of the tenant screening compan. Company Name:	y is:	Its from a tenant screening company.
Address:		
☐ If checked, the adverse action taken was based in company other than a consumer reporting agency. You of receiving this letter, the nature of that information.	-	<u> </u>
If you believe the information received regarding you you have the right to appeal this determination by sul evidence to contradict the negative outcome. A success	omitting a request in wr	iting to Owner/Agent and providing
☐ If checked, the adverse action taken was based in agency that provided the report was:	n whole or part on a cre	edit report. The consumer reporting
Equifax P.O. Box 7404256 Atlanta, GA 30374-0256 www.equifax.com Experian Dispute Dep P.O. Box 97 Allen, TX 3	01 5013	TransUnion Consumer Solutions P.O. Box 2000 Chester, PA 19022-2000 www.transunion.com
While the consumer reporting agency listed above provided the decision regarding your Application, nor can it explain		
Under the Fair Credit Reporting Act (15 USC 1681), you obtain a free copy, you must request it within 60 days of the reporting agency checked above. You may also go to www.s of charge.	date you receive this letter	by writing or telephoning the consumer
If you believe any information in your report is incorrect, information and to put into your report a consumer statemed dispute. Trained personnel are available to help prepare consumer statements.	ent of up to 100 words exp	
You also have certain rights under Credit Reporting and Coshould contact a consumer protection agency or the Attorne		in Oregon. For further information, you
Owner/Agent Signature:		Date:
Owner/Agent:		
Address:		
City: Telephone:	State Email:	Zip



