

## PORTLAND APPLICATION DENIAL AND ADVERSE ACTION LETTER

S8 PORTLAND

Applicant:Address:		 Unit:
City:	State:	
Rental Unit Address:		Unit:
Your Application to rent the property d	id not meet our screening guidelines for	the following reasons:
☐ Negative or insufficient rental history,	or negative reports from references or othe	er sources
not including judgments or pending evi - February 28th, 2022.) In the case of	udgment for the Owner/Agent, or an evictions occurring during the COVID-19 Pro Low Barrier screening criteria, eviction judlord Choice screening criteria, the eviction	otected Period (April 1st, 2020) dgment was issued within the
Inaccurate or false information on the		
	lity to verify explanation of criminal histor	У
☐ Inability to verify information		
☐ Insufficient income or inability to verif		
this denial was not based on credit defa		al debt, discharged bankruptcy
	ice/Individual Assessment screening criteri	
	sibly negative screening results, the followe did not adequately compensate for the on:	-





Because your applica		no □ N/A reening guidelines, we are: increased deposit and/or co-signer
☐ If checked, this denial or adverse actio  The name and address of the tenant scr  Company Name:  Address:	reening company is:	ening results from a tenant screening company.
	ting agency. You have the	part on information received from a person or right to request from us, in writing within 60
process, you have the right to know mor negative information by submitting a Writ consideration of this Appeal, Owner/Ager	e specifically, the basis fo tten Appeal within 30 days nt will notify you of their of ication is reopened upon A	rt on misinformation received in the screening r the denial, and correct, refute or explain the to Owner/Agent's address below. After further decision to uphold the denial or adverse action, appeal, you have specific rights enumerated by D/01/086 for more information.
•	nation by submitting a Req	ry, criminal history, or income was inaccurate, uest in Writing to Owner/Agent and providing oes not guarantee residency.
☐ If checked, the adverse action taken agency that provided the report was:	was based in whole or pa	at on a credit report. The consumer reporting
Equifax P.O. Box 7404256 Atlanta, GA 30374-0256 www.equifax.com	Experian Dispute Department P.O. Box 9701 Allen, TX 75013 www.xperian.tom	TransUnion Consumer Solutions P.O. Box 2000 Chester, PA 19022-2000 www.transunion.com
in making the decision regarding your Ap Under the <b>Fair Credit Reporting Act</b> (2 Credit Report. To obtain a free copy, your	plication, nor can it explaints USC 1681j), you have must request it within 60 days.	tion about your credit or history, it took no part n why adverse action was taken. the right to obtain a copy of your Consumer ays of the date you receive this letter by writing <a href="https://www.annualcreditreport.com">www.annualcreditreport.com</a> to view all three
	port a Consumer Statemen	ne right to dispute the accuracy or completeness nt of up to 100 words explaining your position repare Consumer Statements.
You also have certain rights under Cre information, you should contact a consum		mer Protection Laws in Oregon. For further e Attorney General's office.
Owner/Agent Signature:		Date:





Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Owner/Agent: