



## **LEASE APPROVAL Application Package**

- PLEASE PRINT OR TYPE ALL INFORMATION.
  
- IF ANY QUESTION IS NOT ANSWERED OR IS LEFT BLANK, THIS APPLICATION WILL NOT BE ACCEPTED.
  
- PLEASE DO NOT SUBMIT PARTIAL PACKAGES. APPLICATIONS ARE NOT CONSIDERED RECEIVED UNTIL ALL DOCUMENTATION IS SUBMITTED. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.

## **TO ALL PROSPECTIVE PARK PLACE APPLICANTS:**

We are pleased that you have chosen Park Place as your prospective residence. We hope after reading this, we will have helped answer some questions you may have regarding our community.

Park Place is a community of 1,028 condominium units, administered by a single Board of Administration, consisting of fourteen Directors and four Officers. Condominium living is governed by rules and regulations.

Following is a summary of some of our Rules & Regulations:

### ■ **PARK PLACE IS AN ADULT COMMUNITY:**

In accordance with our Documents and the Housing for Older Persons Act of 1995, occupancy of an apartment on a permanent basis will be permitted only if one or more of the occupants of the apartment is at least 55 years of age or older. No children under the age of 19 may occupy an apartment.

**NOTE: After you obtain occupancy of your apartment, if you violate this rule, it will be considered a breach of the covenants contained in your application, and you authorize Park Place, at your expense (including legal fees, court costs and disbursements), to take any and all action necessary to compel you to comply with this rule.**

### ■ **LEASING/SUB-LEASING APARTMENTS:**

Leases must be more than six (6) months, and leasing shall be restricted to not more than one lease during a twelve (12) month consecutive period, starting with the commencement date of the last prior lease. **Sub-leasing is prohibited.**

### ■ **PET RESTRICTIONS:**

No dog, cat or other animal (excluding birds, fish and the like) is permitted at any time, nor may any guest or visitor bring a pet into Park Place.

### ■ **GUESTS:**

Residents expecting overnight guests must notify the Association Office, in writing. The form for a Temporary Guest (T.G.) is available at the Association Office or a letter may be written. The letter should indicate the building, apartment number, name and relationship of guests and dates of visit (not to exceed 30 days) and must be signed by the resident.

The only person(s) who can be guests of unit owners or lessees not in residence are parents, children, grandchildren, brothers and sisters who are considered to be authorized adults. At no time will those under the age of 19 (nineteen) be permitted to use the apartment without an authorized adult in residence.

### ■ **RESTRICTION ON COMMERCIAL VEHICLES & PICKUP TRUCKS:**

Residents or their guests who drive commercial vehicles must vacate Park Place property by 5 p.m. A pickup truck which contains tools or has a toolbox is considered a commercial vehicle. A panel truck or panel van (a van that has no back seats or rear passenger windows) is defined as a commercial vehicle. Please refer to the Rules & Regulations for a complete description of commercial trucks and information in regard to size restrictions.

## GUIDELINES FOR COMPLETING APPLICATION FOR LEASE

1. Lease Application must be submitted for each prospective lessee with the exception of husband and wife and dependent children (ages 19-24) who are currently enrolled as a student (proof required).
2. **Completed application must be submitted to the Association Office at least 30 days prior to the desired date of occupancy (lease start date).**
3. **If any question is not answered or left blank, this application will be returned, not processed and not approved.**
4. All applications must be **originals**: Faxed or email copies will not be accepted.
5. All leases must be for a period greater than six months.
6. No more than one lease in a 12-month period is permitted.
7. **Occupancy prior to Board approval is prohibited.**
8. All parties to be screened must appear in person. Anyone who is screened must have an understanding of the English language or must make arrangements to have an interpreter present at the time of the screening.
9. Renewals or extensions of leases are subject to annual re-approval by the Board of Directors.
10. All buildings utilize Medeco keys for their front entrance doors. It is the responsibility of the unit owner to provide these to the new lessee(s). In the event these keys are not received from the owner, there will be a \$25 charge for each replacement key.
11. Deliveries and move-ins/move-outs are permitted Monday through Friday from 8 a.m. – 5 p.m. and are scheduled based on availability. At least two (2) days advance notice should be provided to the Association Office.
12. **Residents are only permitted to park in their assigned space or a guest space.**
13. All maintenance payments and special assessments must be paid up to date before move in.

## 20% LEASING CAP AMENDMENT

The 20% Leasing Cap Amendment was recorded with Broward County on 9/24/18.

**Amendment to the Declaration of Condominium of Park Place Condominiums  
Nos. One, Two, Three, Four, Five, Six.  
PARK PLACE OWNERS ASSOCIATION, INC.**

Amendment to Article 12, Section 12. 7 shall be as follows (*new paragraph added*):

- (b) Notwithstanding anything to the contrary, not more than twenty percent (20%) of units within this Condominium or twenty percent (20%) of units in the aggregate of all Condominiums operated by the Association can be leased at any time and leasing is prohibited, if the lease or proposed lease would result in the total number of units within this Condominium or in the aggregate of all Condominiums operated by the Association being leased to exceed twenty percent (20%), provided, however, this does not apply to the Association or to any units under the Association' receivership.

### Guideline

1. To limit the number of units available for leasing to 20% individually in each building (condo) and in the aggregate of all buildings (condos).
2. The effective date of the amendment to be the date it is officially recorded.
3. To “grandfather” in those units that on the recording date of said amendment are considered rental or leasing unit, to continue as such until said unit is sold or conveyed to a new owner. Provided however that the owner of such voted “No” or did not vote at all for the apartment.
4. In the event that an owner-investor voted “Yes” for the amendment, upon the expiration of the current lease, that unit will not be considered to be under the “grandfather” proviso and shall be subjected to the leasing cap amendment.
5. The “grandfather” proviso only applies to the owners-investors units available for lease. It does not apply to that owner principal residence.
6. To include a disclosure statement of the new leasing cap amendment with the sales package given to potential buyers.
7. Administration to maintain a data base of all the units considered “leasing units” commencing from the amendment effective date and to maintain it updated continuously.

# LEASE APPLICATION CHECKLIST

## THE FOLLOWING FORMS MUST BE SUBMITTED WITH YOUR APPLICATION FOR LEASE:

- COMPLETED APPLICATION WITH ORIGINAL SIGNATURES.
- \$150.00 SCREENING FEE (CHECK OR MONEY ORDER).  
**NOTE:** IF MARRIED AND NOT USING THE SAME LAST NAME A COPY OF THE MARRIAGE LICENSE IS REQUIRED WITH AN ADDITIONAL \$35.00.

*FOREIGN APPLICANTS WITH NO US SOCIAL SECURITY NUMBER MUST PROVIDE THE ASSOCIATION WITH A RECENT CRIMINAL BACKGROUND REPORT FROM THEIR COUNTRY OF RECENT RESIDENCY.*

- \$250.00 SECURITY DEPOSIT FOR COMMON AREA DAMAGES AND/OR UNPAID MONETARY FINES INCURRED FOR VIOLATIONS OF THE ASSOCIATION'S RULES & REGULATIONS BY THE LESSEE, THEIR CHILDREN OR GUESTS. (RETURNABLE 15 DAYS AFTER EXPIRATION OF LEASE, AND UPON RETURN TO THE ASSOCIATION OFFICE OF ALL BAR CODES ISSUED TO LESSEES.)
- LEGIBLE LEASE AGREEMENT.
- COPY OF PHOTOGRAPHIC IDENTIFICATION (I.E., DRIVER'S LICENSE, VISA, ETC.) FOR EACH APPLICANT.

**NOTE:**  
**APPLICATION PACKAGES WHICH DO NOT ADHERE TO THESE REQUIREMENTS WILL NOT BE ACCEPTED BY THE OFFICE.**

## ACKNOWLEDGMENT

**I hereby agree, for myself and on behalf of all persons who may use the apartment that I seek to lease, that I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, Association Documents, and restrictions that are or may in the future be imposed by PARK PLACE OWNERS ASSOCIATION, INC.**

- I understand that the acceptance for lease of an apartment at PARK PLACE is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. **(Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of your application.)**
- I understand that the Board of Directors of PARK PLACE may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and/or Designated Representatives to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers, Management and/or Designated Representatives of PARK PLACE shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.
- In making the foregoing application, I am aware that the decision of PARK PLACE OWNERS ASSOCIATION, INC., will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.
- **Use of this apartment is as a single-family residence only.** “Single Family” for the purpose of this paragraph is defined as one or more person in an owner or lessee’s immediate family related by blood, marriage or adoption, and living and cooking together as a single housekeeping unit who form one household under one head, or no more than two unrelated persons living together as a single housekeeping unit. No apartment unit may be divided or sub-divided into a smaller unit.
- This will acknowledge that I (we) have received a copy of and have been advised of the Rules & Regulations of Park Place Owners Association, Inc. I (we) understand these rules have been establish in an effort to make living conditions at Park Place pleasant and enjoyable. The rules are designed to maintain a proper atmosphere and decorum, to assure the safety and protection of Park Place residents and to preserve the property values. Understand the above, I (we) agree to abide by these rules, as well as those in the Condominium Documents, and any additional amended and augmented rules as approved by the Board of Directors.

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**Applicant’s Signature**

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**Date**

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**Applicant’s Signature**

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**Date**

# APPLICATION FOR LEASE APPROVAL

PLEASE PRINT OR TYPE ALL INFORMATION. IF ANY QUESTION IS NOT ANSWERED OR IS LEFT BLANK, THIS APPLICATION WILL NOT BE ACCEPTED.

Date: \_\_\_\_\_ Bldg. \_\_\_\_\_ Apt.# \_\_\_\_\_

Name of Applicant(s) (as LEASE will appear):

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Desired Date of Occupancy: \_\_\_\_\_

Lease Term: \_\_\_\_\_

Name of Realtor(s) Handling Lease: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Current Owner of Unit: \_\_\_\_\_

Current Owner's Address: \_\_\_\_\_

Current Owner's Telephone Number: \_\_\_\_\_

## FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

**■ PET RESTRICTIONS:**

PLEASE BE ADVISED THAT THIS IS A NO PET COMMUNITY. ALL PROSPECTIVE RESIDENTS ARE REQUIRED TO SIGN BELOW INDICATING YOUR UNDERSTANDING THAT – IF YOU INTEND TO BRING A SERVICE OR EMOTIONAL SUPPORT ANIMAL INTO PARK PLACE – YOUR APPLICATION FOR PURCHASE OR RESIDENCE WILL BE ON HOLD UNTIL YOUR SERVICE OR EMOTIONAL SUPPORT ANIMAL’S APPLICATION IS VETTED AND APPROVED BY OUR LEGAL COUNSEL.

**PLEASE NOTE: ANIMALS ARE NOT ALLOWED ON PROPERTY UNTIL APPROVE BY THE PPOA.**

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**Applicant’s Signature**

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**Date**

---

**Print Name**

---

**Applicant’s Signature**

---

**Date**

---

**Print Name**



**APPLICANT'S NAME** \_\_\_\_\_

**APPLICANTS'S NAME** \_\_\_\_\_

(If applicable)

Single  Married  Widow(er)  Divorced

**I have received a copy of the Rules & Regulations** Yes  No

**Number of persons who will reside in the apartment:**

PLEASE NOTE: NO CHILDREN LESS THAN 19 YEARS OF AGE.

Adults: \_\_\_\_\_ Children (19 or older) \_\_\_\_\_

**LIST ALL PERSONS who will occupy the apartment:**

<u>Name</u>	<u>Age</u>	<u>Relationship/Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Have you or anyone that will be residing with you been convicted or pled guilty to a crime?**

Yes  No

**If yes, complete the following:**

Name: \_\_\_\_\_

Charged with: \_\_\_\_\_

Date convicted (or guilty plea): \_\_\_\_\_

Disposition: \_\_\_\_\_

Location: \_\_\_\_\_

**NOTE: Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of your application.**

**EMERGENCY CONTACT INFORMATION**

1. \_\_\_\_\_  
Name

---

Relationship Address

---

Telephone Cell Phone

2. \_\_\_\_\_  
Name

---

Relationship Address

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Telephone Cell Phone

**AUTOMOBILE INFORMATION**

1. Make of Car: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate No. \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

2. Make of Car: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate No. \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

If currently employed, please complete Section A. If retired, please disregard Section A and complete Section B.

**■ SECTION A — EMPLOYMENT**

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Income: \_\_\_\_\_  
**(Monthly)**

**(Second)**

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Income: \_\_\_\_\_  
**(Monthly)**

**■ SECTION B — RETIREMENT**

Retired from: \_\_\_\_\_ Retirement Income: \_\_\_\_\_  
**(Monthly)**

Date Retired: \_\_\_\_\_ Position held: \_\_\_\_\_

**(Second)**

Retired from: \_\_\_\_\_ Retirement Income: \_\_\_\_\_  
**(Monthly)**

Date Retired: \_\_\_\_\_ Position held: \_\_\_\_\_

**■ AGE VERIFICATION**

**BUILDING** \_\_\_\_\_

**UNIT NO.** \_\_\_\_\_

Please supply independent photographic evidence indicating date of birth (**such as driver's licenses or current passports**) of each occupant.

NAMES OF PROSPECTIVE OCCUPANTS	AGE	TYPE OF PHOTOGRAPHIC EVIDENCE	DATES OF BIRTH	FAMILIAL OR OTHER RELATIONSHIP

**■ CHARACTER REFERENCES**

List the names of three persons whom you have known at least one year.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Investigative Consumer Report Disclosure Notification and Authorization To Obtain And Disseminate A Consumer Report And An Investigative Consumer Report

An investigative Consumer Report may include information about your character, general reputation, personal characteristics, or mode of living. You have a right to request additional disclosures of the nature and scope of the investigative Consumer Report that was requested. Attached (last pages of this application) you will also find the summary of consumer rights.

### Release of Information

I understand that a Consumer Report and/or an investigative Consumer Report as described above may be obtained. All corporations, companies, educational institutions, persons, law enforcement agencies, courts, former employers and military services are authorized to release all written and verbal information about me to Park Place Owners Association Inc., its officers, directors, members, agents and employees. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me and hereby release Park Place Owners Association, Inc., its officers, directors, members, agents and employees from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

### Applicant:

Print Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Dates of Residency: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Spouse:

Print Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ State: \_\_\_\_\_

### Previous Addresses: (City, State, & Zip code for previous 7 years)

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

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

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

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

***NOTE: OWNER'S SIGNATURE REQUIRED ON THIS PAGE.***

**RENTAL POLICY ACKNOWLEDGMENT**

In accordance with provisions of Florida Statute (FS) Chapter 212, Article 212.03: Transient Rental Tax, this is to acknowledge that I am entering into a bona fide written lease for longer than six (6) months in duration for continuous residence for apartment #\_\_\_\_\_ in the \_\_\_\_\_ Building. The lease period shall be from \_\_\_\_\_, 20\_\_\_\_ to the expiration of the lease term, including any renewal options exercised.

I acknowledge that during the full term of this lease, rights and use of the apartment and Association property as an owner are subrogated to the lessee. I am aware that my apartment is not available for owner's use or the use of his/her guest's during the lease period as stated above.

I acknowledge and understand that no security deposit will be returned until the end of the lease period as stated above.

I acknowledge that in the event that the lease is terminated prior to the minimum time period of more than six (6) months, I shall be in violation of the Rules & Regulations of the Association and such a lease is subject to taxation for the rental in accordance with 12.A-10061 of Florida Sales and Use Tax Rates.

\_\_\_\_\_  
**Unit Owner's Signature**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Unit Owner's Signature**

\_\_\_\_\_  
**Applicant's Signature**

**OPTION FOR RENEWAL**

***Applicable only to leases of 12 months or longer.***

This lease may be renewed for an additional period(s) under the same lease periods as herein specified by furnishing **at least 60 days** prior written notice to the Association.

A lease submitted after the expiration date of the current lease will be processed as a new lease, and tenants will be required to complete a new Lease Approval Application Package and pay a \$150.00 screening fee. At the discretion of the Officers/Directors, a screening may be scheduled.

\_\_\_\_\_  
**Unit Owner's Signature**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Unit Owner's Signature**

\_\_\_\_\_  
**Applicant's Signature**

**NOTE: OWNER'S SIGNATURE REQUIRED ON THIS PAGE BEFORE SUBMITTING TO ASSOCIATION.**

**■ ADDENDUM TO LEASE AGREEMENT**

1. The Association and/or its authorized agent shall have the irrevocable right to have access to each unit from time to time during reasonable hours as may be necessary for inspection, maintenance, repair or replacement of any common element therein or accessible therefrom, or for making emergency repairs therein necessary to prevent damage to the common elements or another unit or units.
2. The Lessee agrees not to use the premises, or keep anything in the unit which will increase the insurance rates of the unit or interfere with the rights of other residents or the Condominium Association by unreasonable noises or otherwise; nor shall Lessee commit or permit any nuisance, immoral or illegal act in his unit, or on the common elements, or the limited common elements.
3. The Lessee covenants to abide by the Rules and Regulations of the Condominium, and the terms and provisions of the Declaration of Condominium, and By-Laws of the Condominium Association, and agrees to be bound by the rules and guidelines of the Association and any other rules that may become operative from time to time during the leasehold.
4. The parties hereto specifically acknowledge and agree that the Association is hereby empowered to act as agent of Owner/Lessor with full power and authority to take such action as may be required to compel compliance by the Lessee and/or Lessee's family or guests, with the provisions of the Declaration of Condominium, its Supportive Exhibits, the Florida Condominium Act and the Rules and Regulations of the Association.
5. During the term of any lease, if the Owner/ Lessor becomes delinquent in the payment of any regular or special assessments due for his/her condominium unit, the Association will notify the Lessee and the Lessee shall make their rental payment, payable to PARK PLACE OWNERS ASSOCIATION, INC., to cover the unpaid maintenance fee, and said payment shall be delivered to the Association at such address as may be provided by the Board of Directors.
6. The approval of the proposed Lease Agreement issued by the Association is to be expressly conditioned upon the Lessee's observance of the provision contained in this Addendum. Any breach of the terms hereof shall give the Association the authority to take immediate steps to terminate the Lease Agreement. The Owner/Lessor acknowledges that he remains ultimately responsible for the acts of Lessee and Lessee's family and guests. Owner/Lessor agrees that he remains responsible for any costs incurred by the Association, including attorney's fees in remedying violations of this Addendum and/or violations of the Condominium Documents.

\_\_\_\_\_  
**Unit Owner**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Unit Owner**

\_\_\_\_\_  
**Applicant's Signature**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

### **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 the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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 from 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).
- **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.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

TYPE OF BUSINESS	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) PO Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management, Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Ofc of Deputy Adm. GIPSA Washington, DC 20250 202-720-7051