

Domestic Abuse Suppression Request

Pursuant to Section 605B(d)2 of the FCRA, **if you are a victim of Domestic Abuse**, you may request a suppression of any potential record(s) affected by the Domestic Abuse that are within your SafeRent Solutions Consumer File (credit report information not included), if any. Please be sure to have a copy of your Domestic Abuse Affidavit and/ or Police Report available. Please call Consumer Support at (888) 333-2413 or email Consumer@SafeRentSolutions.com if you have any additional questions.



Please note, SafeRent Solutions, LLC. does not have the ability to place a file freeze or suppress individual items on your consumer credit report. If you suspect fraud or identity theft, you may also want to contact Experian®, Equifax®, and TransUnion® directly to request that a fraud alert or security freeze be placed on your consumer credit file. Please find the national repositories contact information listed below:

Experian

Phone: 888-397-3742

Mail: Experian Security Freeze
P.O. Box 4500, Allen, TX 75013

Online: <https://www.experian.com/freeze/center.html>

Equifax

Phone: 866-349-5191

Mail: Equifax
P.O. Box 105788, Atlanta, GA 30348-5788

Online: <https://www.equifax.com/personal/credit-report-services/credit-freeze/>

TransUnion

Phone: 888-909-8872

Mail: TransUnion
P.O. Box 160, Woodlyn, PA 19094

Online: <https://www.transunion.com/credit-freeze>

To initiate a Domestic Abuse Suppression Request, you would need to submit the following documentation:

Domestic Abuse documentation, which is defined as a written determination that you are a victim of Domestic Abuse
This document may be prepared by:

- A Federal, State, or Tribal governmental entity
- A court of competent jurisdiction, which includes certain documents filed in court.
- A non-governmental organization or Domestic Abuse task force, including victim service providers affiliated with these entities, authorized by a Federal, State, or Tribal government entity.
- A self-attestation by a consumer who identifies as a victim of Domestic Abuse that is signed or certified by a Federal, State, or Tribal government entity, court of competent jurisdiction, or an authorized representative of these entities.

A complete and legible list of all identified account names, numbers, and all other related details. This information must be listed in the victim determination document.

Please include a legible copy of your government-issued identification card (for example, Driver's License, Passport, Federal or Military Orders) containing your current address.

- Please provide a current or temporary identification card (ID).
- If your ID is expired longer than 30 days, please attach your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) card.

If your current address is different from that stated on your government-issued identification card, please provide a legible copy of one of the following documents that is within 60 days (please ensure your current address is included in the document(s) you provide):

- Utility Bill (Cell Phone, Landline, Cable, Electricity, Gas, or Internet)
- State or Federal Government Documents (VA Benefit Summary, Social Security Award Letter, SNAP Benefits, and/or Disability Benefits Letter)
- Military Orders
- Insurance Policy
- Bank Statement
- Lease Agreement
- Pay Stub

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Victim Information

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Suffix (Jr., Sr., III): _____ Maiden Name or Other Last Names: _____

SSN/ITIN: ____ - ____ - ____ DOB (MM/DD/YYYY): _____ Phone: (____) _____

Address: _____ Apt, Unit, Building, etc. _____

City: _____ State: _____ Zip/Postal Code: _____

Email: _____

Preferred delivery method for receiving communication and results (Please select one):

- Mail (Information will be mailed to the above victim information address)
- Email (Information will be emailed to the above victim information email address)
- Fax (____) _____ to _____

Information to be suppressed as a result of Domestic Abuse

Items to be suppressed as a result of Domestic Abuse.

Please include as much specific information as possible, including the case number, plaintiff, and/or offense, (if applicable):



P.O. Box 3890
Coppell, TX 75019
Phone: (888) 333-2413
Fax: (800) 204-9871
Email: Consumer@SafeRentSolutions.com

By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection and that I have been a victim of Domestic Abuse.

Printed Name: _____

Signature: _____ Date: _____



Please be sure to include all necessary information including proof of identity and victim determination documentation.

Due to the sensitivity of the documentation, we can only accept the documents via US Mail.

Mail to:
SafeRent Solutions Consumer Support
P.O Box 3890,
Coppell, TX 75019