

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

Human Trafficking Suppression Request

Pursuant to Section 605B(d)2 of the FCRA, **if you are a victim of Human Trafficking**, you may request a suppression of any potential record(s) affected by the Human Trafficking that are within your SafeRent Solutions Consumer File (credit report information not included), if any. Please be sure to have a copy of your Human Trafficking 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 Human Trafficking Suppression Request, you would need to submit the following documentation:

Human Trafficking documentation, which is defined as a written determination that you are a victim of Human Trafficking. 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 human trafficking 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 Human Trafficking 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.



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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



Human Trafficking Suppression Request

Victim Information		
Date:		
Last Name:	First Name:	Middle Initial:
Suffix (Jr., Sr., III):	Maiden Name or Other Last Nam	nes:
SSN/ITIN:	DOB (MM/DD/YYYY):	Phone: ()
Address:		Apt, Unit, Building, etc
City:	State:	Zip/Postal Code:
Email:		
Preferred delivery metho	d for receiving communication and re	sults (Please select one):
□ Mail (Information will	l be mailed to the above victim inform	nation address)
□ Email (Information wi	Il be emailed to the above victim info	rmation email address)
□ Fax ()	to	
Information to be su	ppressed as a result of Human Tra	fficking
		e case number, plaintiff, and/or offense, (if applicable):



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 Human Trafficking.

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