SafeRent SOLUTIONS

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

Consumer Statement Request Form

To process your request, please complete this form and return it to the address or fax number listed above. You may also email the form to our Consumer Support Department at Consumer@SafeRentSolutions.com.

Personal Details

First Name: Middle Name: Last Name:

Suffix (Jr., Sr., III): Maiden or Other Names Used:

Date of Birth (MM/DD/YYYY): SSN or ITIN:

Current Street Address: Apt/Unit #:

City: State: Zip Code:

Phone: Email:

Preferred Delivery Method

Preferred delivery method for receiving confirmation of the placement of your Consumer Statement (Please select one):

☐ Mail (Confirmation will be mailed to the above address)

☐ E-Mail (Confirmation will be e-mailed to the above email address)

☐ Fax: to

Consumer Statement

Please type out the Consumer Statement that you would like to be added to your SafeRent Solutions Consumer File. ***Please note that the Consumer Statement must be 100-words or less.***

Disclaimer – SafeRent Solutions reserves the right to remove or alter any inappropriate language listed in your requested Consumer Statement.

(Signature REQUIRED on next page)

Required Proof of Consumer Identity and Current Address

- **Please provide a temporary or current legible copy of your government-issued identification card (such as a Driver's License, Passport, Federal, or Military Orders).**
  - If your identification is expired longer than 30 days, please attach your Social Security card or Individual Taxpayer Identification card.
- **Please provide a legible copy of one of the following documents containing your current address and is dated within 60 days.**
  - *(Examples: Utility Bill (Cell Phone, Landline, Cable, Electricity, Gas, 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, or Paystub).*

Certification

BY SUBMITTING THIS FORM, I AGREE THAT I AM THE PERSON NAMED ABOVE AND I UNDERSTAND THAT IT MAY BE A VIOLATION OF FEDERAL AND/OR STATE LAW TO OBTAIN A CONSUMER REPORT ON ANY PERSON OTHER THAN MYSELF, AND THAT UNDER THE FAIR CREDIT REPORTING ACT, ANY PERSON WHO KNOWINGLY AND WILLFULLY OBTAINS INFORMATION ON A CONSUMER FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED UNDER TITLE 18, UNITED STATES CODE, IMPRISONED FOR NOT MORE THAN 2 YEARS, OR BOTH.

I swear, under penalty of law, that to the best of my knowledge, the information provided above is true and correct.

Printed Name:

Signature: Date: