

Identity Theft Instructions

Pursuant to Section 605B(d)2 of the FCRA, **if you are a victim of Identity Theft** you may request a freeze of the individual record(s) affected by the Identity Theft that are within your SRS tenant screening file, if any. Please call our consumer relations center at 888-333-2413 to initiate the security freeze process. Please be sure to have a copy of your Identity Theft Affidavit and/ or Police Report available.

SafeRent Solutions does not have the ability to place a file freeze on your consumer credit report.

Should you wish to place a file freeze on your credit report, please contact the national repositories listed below:

Experian:

Phone: 1-888-397-3742 Mail:
Experian Security Freeze, P.O. Box 9554, Allen, TX 75013
Online: <https://www.experian.com/freeze/center.html>

Equifax:

Phone: 888-298-0045
Mail: Download [this form](#) for instructions and mailing address
Online: Create an account at [myEquifax](#)

TransUnion:

Phone: 888-909-8872
Mail: TransUnion LLC, P.O. Box 2000, Chester, PA 19016
Online: <https://www.transunion.com/credit-freeze>

To initiate an Identity Theft Request, you would need to submit the following documentation:

- An Identity Theft Report must be submitted containing the specific fraudulent items resulting from the identity theft. This can be an FTC ID Theft Report, copy of a police report, or report from another Federal, State, or local law enforcement agency.
- A complete and legible list of all affected account names, numbers, and all other related details. This information must be listed in the filed Identify Theft Report.
- A statement such as: “ The information is not information relating to any transactions made by me” ; or similar verbiage must be printed on the list of affected account names, unless the statement is on the FTC ID Theft Report you are providing.
- A legible copy of your government-issued identification card containing your current address.
 - If the ID does not show your current mailing address, an additional document must be provided showing the current mailing address
 - Utility Bill
 - Bank Statement
 - Military Orders
 - Insurance Policy

Identity Theft Form

Consumer Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security No _____

Information to be blocked as a result of Identity Theft

Items to be blocked as a result of Identity Theft

Please include as much specific information as possible, including the creditor name and account number:

Please be sure to include all necessary information including proof of identity and victim determination documentation.
Please mail your request to: Saferent Solutions P.O Box 3890, Coppell Tx 75016