

## Identity Theft Suppression Instructions

Pursuant to Section 605B(d)2 of the FCRA, **if you are a victim of Identity Theft** you may request an identity theft suppression of the individual landlord tenant and criminal public record(s) affected by the Identity Theft that are within your SRS tenant screening file (credit report information not included), if any. An SRS tenant screening file may include information regarding landlord tenant and criminal public court records. Public records are obtained from courts and law enforcement agencies in many jurisdictions. Please be sure to have a copy of your Identity Theft Affidavit and/ or Police Report available. Please call our Consumer Support center at (888) 333-2413 or email [Consumer@SafeRentSolutions.com](mailto:Consumer@SafeRentSolutions.com) to initiate the identity theft suppression process. If you prefer to mail or fax your request, our fax number and address to SafeRent Solutions, LLC is listed above.



**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: 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 Suppression 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.

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

## Identity Theft Suppression Form

### Victim Information

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Suffix (Jr., Sr., III): \_\_\_\_\_ Maiden Name or Other Last Names: \_\_\_\_\_  
SSN/ITIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB (DD/MM/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  
 Fax (\_\_\_\_) \_\_\_\_\_ to \_\_\_\_\_

### Information to be suppressed as a result of Identity Theft.

Items to be suppressed as a result of Identity Theft.

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


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

Please send your request via email, mail, or fax.

Email: [Consumer@SafeRentSolutions.com](mailto:Consumer@SafeRentSolutions.com)

Mail: SafeRent Consumer Relations P.O Box 3890, Coppell TX 75019

Fax: (800) 204-9871

