



SafeRent Solutions, LLC
P.O. Box 3890

Coppell, TX 75019

Phone: (888) 333-2413

Fax: (800) 204-9871

Email: Consumer@SafeRentSolutions.com

Manual Authentication 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

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Maiden Name or Other Last Names: _____

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

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

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

Proof of Identity

- Please include a legible copy of your temporary or current government-issued identification card (examples: Driver’s License, Passport, Federal or Military Orders) containing your address.
 - If your ID is expired longer than 30 days, please attach your Social Security Number card or Individual Taxpayer Identification card.
- If your current address is different from the address your government-issued identification card, please provide a legible copy of **one of the following** documents that is dated within 60 days:

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

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.