

Application Date: _____

Date Of Interview: _____

Move in Date: _____

Initials of Interviewer: _____

SAINT ELIZABETH LODGE APPLICATION

Saint Elizabeth Lodge is a transitional housing program for legally married working couples with children (or depending on availability, we may house single parents as well) who are willing to work towards independent living. It is mandatory to participate in counseling, educational, financial, parenting, etc. classes; as well as individual, family, and group meetings.

*Applicant: _____ SSN# _____
(Last) (First) (Middle)

Date of birth: _____ Home phone: _____ Cell Phone # _____

Where are you staying now? Friend/relative/ apartment/motel/ shelter (name) _____

Address: _____
(Street) (City) (State) (Zip) (Phone. Include area code)

*Spouse: _____ SSN# _____
(Last) (First) (Middle)

Date of birth: _____ Cell phone # _____

Maiden name: _____ Other names: _____

Marital status: Married ___ Single ___ Separated ___ Divorced ___ Widowed ___

Household members living with you:

<u>Last name</u>	<u>First</u>	<u>Age</u>	<u>Birth date</u>	<u>SSN#</u>	<u>Relationship</u>
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(Please list other children or family members not living in your household at this time and their information on back of this sheet)

Are you from the Tulsa area? ____ Yes ____ No. If not, where? _____

Have you ever lived at Saint Elizabeth Lodge before? ____ Yes ____ No If yes, when? _____

If yes, what names are on the application? _____

Why are you homeless? _____

Have you ever lived in other shelters or transitional housing, lived as an adult rent-free in another person's home and/or subsidized housing? Yes ____ No ____ (If Yes, indicate below)

1) Name of person, shelter, etc.: _____

Address: _____
(Street) (City) (State) (Zip) (Phone. Include area code)

Lived there from (month and year) _____ to (month and year) _____

If additional space is needed, please use the back of this sheet.

Auto: _____
(Make) (Model) (Year) (Tag number)

Debts: _____

Family Monthly Income:

Employer: \$ ____ Disability/SSI/VA: \$ ____ Who receives it? ____ Child Support: \$ ____ AFDC: \$ ____

Do you have any family/friends/ that help pay your bills or give you money? ____yes ____ no

Total Monthly income:

If yes, who? _____ \$ ____

Food stamps/W.I.C: ____yes ____no. If yes, how much per month? W.I.C. \$ ____ Food stamps \$ ____

Are there any health issues in your family that the Director and Staff need to know about? Please include physical, mental, or developmental diagnosis and any medications. ____ yes ____ no

If so, name member(s) of your family and their health issues and medications.

Physician:

Name: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include area code)

Pediatrician:

Name: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include area code)

Personal References:

1) Name _____
(Last) (First) (Relationship)

Address _____ Phone _____
(Street) (City) (State) (Zip) (Include area code)

2) Name _____
(Last) (First) (Relationship)

Address _____ Phone _____
(Street) (City) (State) (Zip) (Include area code)

3) Name _____
(Last) (First) (Relationship)

Address _____ Phone _____
(Street) (City) (State) (Zip) (Include area code)

Employer:

Place of Employment: _____ Occupation: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include Area Code)

Supervisor: _____ Date of Employment: _____

Salary: \$ _____ per hr/wk/month Pay Days: _____

Previous Employer:

Place of Employment : _____ Occupation: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include Area Code)

Supervisor: _____ Salary: _____

Date of Employment from: _____ to _____ Why did you leave? _____

Past Residency:

1) Your last address: _____
(Street) (City) (State) (Zip)

Landlord: _____ Phone: _____

Rent per month: _____ Lived there from _____ to _____ Reason left: _____

2) Address: _____
(Street) (City) (State) (Zip)

Landlord: _____ Phone: _____

Rent per month: _____ Lived there from _____ to _____ Reason left: _____

PLEASE READ CAREFULLY AND SIGN

I (we) authorize the Director of Saint Elizabeth Lodge or their designee to verify information on the application and to contract other social service agencies to render assistance and verify eligibility for service. We may use the family Social Security Numbers for the purpose of identification.

We understand and accept that references and other information will be verified prior to our being contacted for an interview to determine our eligibility for the Saint Elizabeth Lodge Transitional Housing Program.

We also understand that Saint Elizabeth Lodge is a temporary short-term transitional program with limited space and there may be a waiting list. Completing an application does not guarantee housing at Saint Elizabeth Lodge.

Signed: _____ Date: _____

Signed: _____ Date: _____

Release of Information

Date: _____

I, _____ give permission to Catholic Charities

Of Tulsa to receive from _____

Records pertaining to _____.

These will be kept in my confidential Personal File and are used only as references.

All records should be sent to: Catholic Charities/Saint Elizabeth Lodge

P.O. Box 580460

Tulsa, OK 74158-0460

Or fax to: (918) 584-4588

Thank you for your prompt response to this request.

Sincerely,

(Applicant's signature)

Release of Information

Date: _____

I, _____ give permission to Catholic Charities

Of Tulsa to receive from _____

Records pertaining to _____.

These will be kept in my confidential Personal File and are used only as references.

All records should be sent to: Catholic Charities/Saint Elizabeth Lodge

P.O. Box 580460

Tulsa, OK 74158-0460

Or fax to: (918) 584-4588

Thank you for your prompt response to this request.

Sincerely,

(Applicant's signature)

Saint Elizabeth Lodge Rules and Expectations

Saint Elizabeth Lodge is a Transitional Living Program under Catholic Charities. Your stay with us is your opportunity to use the resources available for you to work towards independent living. It is our privilege to assist you in your transition; however, you are ultimately responsible for your success. In order for all Residents to benefit from the Saint Elizabeth Lodge Program, the following guidelines will provide a safe, pleasant, and productive environment. If your family is not committed to abide by and support these rules fully, then we urge you to not accept admission into our Program.

Please initial where indicated at the end of each paragraph. Signing your initials indicates you understand and agree to these rules. If you have a question before initialing, please ask a Staff Member to clarify.

Requirements to be Considered for Housing:

1. Must be legally married with valid marriage certificate and have children. One spouse must be working. Children up to the age of 18 are permitted if still attending high school. All school age children must be enrolled in and attending school regularly.
2. Stable work history with copy of previous year's W-2 and a current pay stub to indicate employment.
3. Required documentation: marriage certificate, birth certificates, SoonerCare or other health insurance cards, copies of checking and savings account bank statements and driver's licenses for each person in household as applicable.
4. Debt not to exceed 50% of annual income.
5. Background check will be done. To be eligible for consideration you may have no warrants, recent arrests, or felonies.
6. If you are not a U. S. citizen, you are eligible if you have a work Visa or application in process and provide the appropriate documentation.
7. Evictions from shelters or housing will make you ineligible.
8. Catholic Charities/Saint Elizabeth Lodge is a Tobacco Free Campus. Smoking or other tobacco use anywhere on the premises will not be tolerated.
9. No alcohol, illicit drug use, or drug paraphernalia of any kind is tolerated on the premises.
10. No weapons of any kind are tolerated on the premises.
11. Anyone found possessing or using items as described and listed in #8 through #10 above may be asked to leave the Saint Elizabeth Lodge Program immediately.
12. We drug test and alcohol screen all adults and children over the age of 16 before their being accepted as Residents. Random testing is done as well.

13. Applicants must be willing to participate fully in the Saint Elizabeth Lodge Transitional Housing Program. Your family will be on “probation” for the first thirty (30) days. Your progress will be reviewed regularly to determine if your family is eligible to continue the Program.

_____ Initial ____Initial

Parents Are Responsible for the Care and Conduct of Their Children:

1. At no time are children to be left unattended, regardless of age. Parents are solely responsible for the care and safety of their children, including those age 16 and older. Catholic Charities/Saint Elizabeth Lodge is not responsible for accidents or injuries.
2. Safety is important. We expect that each adult and child will be treated with respect and dignity. All allegations of domestic violence, adult abuse or child abuse or neglect will be reported to the required authorities.
3. Staff and volunteers are not able to provide babysitting services, nor are residents to babysit each other’s children.

_____ Initial ____Initial

Counseling – Personal and Family:

1. Change is a part of your Success. In order to accomplish these changes, Saint Elizabeth Lodge applicants will be screened at their interview by a Catholic Charities therapist before entering program. Counseling as deemed necessary for your family is mandatory. If your family is already in counseling, you will be required to continue. Counseling is provided free of charge at Catholic Charities by appointment only, if you choose.
2. On a weekly basis Residents will demonstrate evidence of participation in weekly counseling.
3. If on medication, Resident must be compliant and keep all appointments with outside providers and provide proof thereof.

_____ Initial ____Initial

Financial Requirements for Residents:

1. Must have job at all times and report all forms of income.
2. \$125.00 non-refundable deposit is required prior to move in.
3. Key deposit of \$15 for each key and \$15 for each fob is required prior to move in.
4. Upon becoming a Resident, you are to meet with the Catholic Charities Director of Business and Finance within ten (10) working days of moving into Saint Elizabeth Lodge. At that time you will be given information about the procedure for meeting financial requirements, as well as be introduced to the Catholic Charities’ staff with whom you will interact when making deposits each paycheck.
5. Deposit of 35% of your gross pay each paycheck into your savings account overseen by Catholic Charities is required.
6. Copies of all check stubs and other income sources are a part of your financial plan. All deposits and income verification documents are to be submitted by money order for your 35% savings to Catholic Charities Accounting. -Cash will not be accepted-
7. A schedule for paying down your bills and working with creditors will be established with a Saint Elizabeth Lodge case manager.

8. If working Residents are not depositing 35% of their gross income into their Catholic Charities/Saint Elizabeth Lodge savings, then Resident family may be asked to exit out of the Saint Elizabeth Lodge program.
9. Weekly inspection of your apartment will be made. Destruction of Catholic Charities/Saint Elizabeth Lodge property by any member of Resident's family will result in replacement at Resident family's expense and come out of your Catholic Charities/Saint Elizabeth Lodge savings. Such destruction may result in your family being asked to leave the Saint Elizabeth Lodge program.
10. If you lose your job, you must advise Saint Elizabeth Lodge staff within 24 hours. You will be expected to demonstrate that you are actively searching for another job and provide daily proof thereof. Employment must be obtained within thirty days.

_____ Initial Initial _____

Attendance Requirements for Residents

1. The Resident family is expected to participate cooperatively and fully in the following:
 - a. Weekly evening group meeting of all Residents.
 - b. Weekly Resident family (private) case management meeting to review your progress.
 - c. Classes determined to be a part of the Resident family's needs at the Saint Katherine Drexel Education Center on the Catholic Charities Campus (at no charge) will include but not be limited to financial planning, parenting, and other applicable classes as available by the current class schedule.
 - d. Weekly counseling for family and/or individuals.
2. School age children are to attend tutoring provided by Saint Elizabeth Lodge and attend school full time.
3. Residents are expected to keep all appointments, which includes but is not limited to doctors, classes at St. Katherine Drexel specific to family's need, Vocational-Rehab, DHS, Counseling, Financial Counseling, AA and Al-Anon, if applicable, etc. If unable to keep appointment, Residents are responsible to reschedule with proper notice and then keep the second appointment.
4. One of the goals of Saint Elizabeth Lodge is to create an environment where spiritual growth occurs. Spiritual growth takes root in a community environment. With this in mind, each resident family is encouraged to participate in a weekly religious service of their choice. Morning Prayer and daily Mass are available to all residents here at the Catholic Charities Campus, as well.

_____ Initial _____ Initial

Apartment and Common Areas:

1. Keeping your apartment clean and clutter-free is expected.
2. Trash is to be taken out daily.
3. There will be unannounced walk through inspections. You will be provided a check list for cleaning requirements and given instructions as to care of your apartment, if necessary.

4. The facility and the furnishings are a gift and the property of Catholic Charities from our donors to share with you. It is their way of expressing God's love for all of us.
5. You may bring only your clothing, personal items, and toys for your children.
6. No other furniture is allowed. You may bring your own TV, as one will not be supplied.
7. Residents are not allowed to place stickers, nails or thumb tacks on walls, furniture, or windows. Do not hang anything from the vents or fire sprinklers. Do not remove smoke detectors or batteries.
8. No pictures or posters may be hung on the walls.
9. Staff may enter Resident apartments at any time for random inspections, maintenance, and searches if deemed necessary.
10. Saint Elizabeth Lodge is for Resident families only. No guests are permitted. If, for example, a Resident is expecting school or DHS home visits, they must be scheduled when Staff is on duty and has been informed.
11. All Residents are required to clean common areas and empty trash cans into dumpster.
12. Library and Computer access will be available only when Staff is on duty.
13. Must adhere to 8:00 p.m. curfew for family room/TV, playground, indoor playroom, laundry.
14. No loitering is allowed in the hallways, parking lots, or Catholic Charities/Saint Elizabeth Lodge Campus.

_____ Initial _____ Initial

Laundry Room:

1. A laundry room is provided for your convenience. Your family is asked to clean the washers and dryers after each use. A trash can is provided for lint from dryer filter traps, and a broom and dust pan to clean up spilled laundry powder, etc. Do not throw your household garbage in the laundry trash can.
2. Do not leave clothes unattended in washers/dryers or on the counters. Staff or other Residents will remove clothing from washers or dryers if left for more than 15 minutes.
3. The bulletin boards are for Staff postings only. Class schedules and other valuable information for Residents are posted for Residents' benefit.

_____ Initial _____ Initial

Economy Requirements:

1. If eligible, you are expected to apply for WIC and Food Stamps (SNAP) each month and budget them for your Family's monthly grocery needs. Residents are expected to avoid waste and to get the maximum benefit from the limited resources they have.
2. Make sure the stove and oven are turned off and no food or grease is left on the stove, oven, or counter tops, etc. Store food properly.
3. Turn down the blinds as this will help conserve energy and Catholic Charities' limited resources.
4. Do not leave unwanted items in the laundry room, hallway, conference room, library or family room. Please take to Emergency Assistance to donate.

5. When leaving your apartment, turn off stove/oven, all lights, ceiling fans, radios, televisions and unplug curling irons, clothes irons, etc.

_____ Initial _____ Initial

Manners:

1. All Residents are expected to behave in a manner that demonstrates respect and courtesy towards other Residents, Staff, and Volunteers. Your children's behavior should reflect this as well with visitors and volunteers.
2. The Residents' reputation should be first and foremost. Additionally, in order to uphold our reputation and the reputation of Catholic Charities, please refrain from any inappropriate public display of affection / behavior on Saint Elizabeth Lodge property, as well as the premises of Catholic Charities.
3. Hospitality to you and to everyone is vital. Saint Elizabeth Lodge believes in "working together as a unified family."
4. Every Resident Family is here to work on their family's particular needs. This includes strengthening the family bond with Counseling and other classes. Please honor other Resident families by concentrating on the needs of your household, not the business of others.
5. No "borrowing" food, money, diapers, etc., from other Residents.
6. Catholic Charities/Saint Elizabeth Lodge is not responsible for lost, misplaced, or stolen items. Keep your apartment doors locked and do not leave personal items unattended in common areas.
7. Catholic Charities/Saint Elizabeth Lodge is a Catholic organization. Regardless of your religious affiliation, we request your respect.
8. A House Phone is available in the Conference room. Priority will be given to those who are conducting business. Please limit calls to 10 minutes and keep the tone of your voice mild.

_____ Initial _____ Initial

Safety First:

1. Any and all forms of violence are forbidden. This includes loud, boisterous speech, cursing, profanity, and vulgar language. Any conduct regarded as assault or threat of assault upon any person can lead to dismissal and/or calls to the police. Any remarks or other behavior we deem is designed to provoke, intimidate, insult, or sexually harass other Residents, Volunteers, or Staff is forbidden.

_____ Initial _____ Initial

Personal Hygiene and Attire:

1. Modest and appropriate clothing is to be worn at all times, including shoes, even if going to the laundry room.
2. Daily bathing is a must for all Residents.
3. Parents will insure their children are clean and presentable, including properly and neatly dressed for school.
4. If clothing is a concern, speak with staff of Saint Elizabeth Lodge.

_____ Initial _____ Initial

Overnight Absences:

1. Overnight passes or absences are not permitted except for special circumstances. Such requests must be approved in writing IN ADVANCE by the Saint Elizabeth Lodge Staff who reserve the right to deny your request. Chronic overnight absences may lead Staff to conclude you have other housing options and do not require our services.

_____ Initial _____ Initial

Transportation:

1. Any vehicle you own and bring to Saint Elizabeth Lodge must be in good operating condition. Your driver's license must be current, as well. No non-working vehicles are permitted to be stored on Catholic Charities property.
2. A parking permit will be issued and must be displayed in order to prevent towing.
3. Vehicles must be properly registered with current tags and insurance; proper documentation is to be provided to Staff.
4. Bus schedules are available and bus tokens may be earned.
5. If you have a car, you are not allowed to loan your vehicle or offer rides to another Resident unless authorized and approved in writing IN ADVANCE by the Saint Elizabeth Lodge Staff who reserve the right to deny your request. If it is a medical emergency, call 911.

_____ Initial _____ Initial

Write ups, Verbal Warnings and Consequences:

1. The Saint Elizabeth Lodge Staff reserves the right to insure that all Rules, Expectations, and Behaviors required of all Residents are being honored. The consequences for infractions are as follows:
 - a. First non-serious violation: Verbal Warning.
 - b. Second non-serious violation: 1st Written Warning with consequences.
 - c. Third non-serious violation: 2nd Written Warning with additional consequences that may result in having Resident family exit the Saint Elizabeth Lodge program permanently.

NOTE: Non-serious implies any violation considered not to be threatening; however, this is up to the discretion of Saint Elizabeth Lodge and depending on the infraction, the first violation may include permanent exit of Resident family from Saint Elizabeth Lodge program.

_____ Initial _____ Initial

Moving Out:

1. Our goal is for you to exit Saint Elizabeth Lodge successfully! Give at least two weeks' notice prior to moving out of Saint Elizabeth Lodge.
2. An exit interview form will be provided for you to complete before leaving the program.
3. Move out is to be on a week day while Staff is on duty.
4. Return all keys, fobs, and parking permits to office on move out day.
5. Leave the apartment in the same condition as it was when your family moved in – clean, neat, and orderly. The apartment will be inspected after you move out. Loss or damage caused by any

of your family members, as well as any necessary cleaning costs, will be reimbursed to Catholic Charities/Saint Elizabeth Lodge from your savings prior to your final check being issued.

6. Important for you to understand once your family has left Saint Elizabeth Lodge, if evicted; you are no longer able to receive services.
7. After exiting, you are expected to honor the confidentiality of the other residents, even though you are no longer living on the premises.

_____ Initial _____ Initial

Complaints:

If you have any disagreements, complaints, or suggestions as a Resident, you are encouraged to put them in writing and place them under a Staff member's door. You may remain anonymous.

_____ Initial _____ Initial

Miscellaneous:

Not all rules or expectations are written and included in this agreement. Please understand there may be other things asked of you to help your family be successful in developing life skills and successfully accomplishing your family's goals.

_____ Initial _____ Initial

By reading and initialing the above Rules and Expectations, I agree if accepted as a Resident of Saint Elizabeth Lodge, to abide by and respect the Rules and Expectations and agree to participate fully in the Saint Elizabeth Lodge Transitional Housing Program. I also understand that the Director of Saint Elizabeth Lodge has the right to modify any of the above at their discretion.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Staff Signature: _____ Date: _____

AmericanChecked, Inc.

Investigative / Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me for employment/volunteer-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment/volunteerism, promotion or any other lawful purpose. I agree that such information, and my employment history, may be supplied to AMERICANCHECKED, INC. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date _____

Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past: 3 years 5 years 7 years 10 years
(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

Sex: Male Female Race: Asian Black Hispanic White Other _____
(circle one) (circle one)

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave. Ste. 211, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

(Oklahoma, Minnesota, or California residents requesting a copy of their credit report will receive a copy of the report pulled directly from Trans Union LLC)

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
 Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis St Ste. 211 Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

(California applicants only)

Please complete the following:

Name _____

Address _____

City _____ Zip _____

Company Name: _____ **Location No.:** _____

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051