

REQUEST FOR DISCLOSURE

I request disclosure of the nature and substance of all information on me in the agency's files, including the identification of the recipients of all reports furnished within the last six months.

REASON FOR DISCLOSURE

_____ Not qualified for residency within the past 60 days (no charge for this disclosure)

Mail this request to:

**RENTERS REFERENCE OF FLORIDA
ATTN: CONSUMER DEPARTMENT
2525 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

CAREFULLY PRINT ALL INFORMATION REQUESTED BELOW (FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED TO YOU):

1. NAME _____ SPOUSE _____
DATE OF BIRTH _____ DATE OF BIRTH _____
SOC. SEC. NO. _____ SOC. SEC. NO. _____

2. PRESENT ADDRESS _____
HOW LONG HERE? _____ TELEPHONE NO. (____) _____ APT. NO. _____
NAME OF LANDLORD/MORTGAGE CO. _____
ADDRESS _____ TELE. NO. _____

3. PREVIOUS ADDRESS _____
HOW LONG HERE? _____ TELEPHONE NO. (____) _____ APT. NO. _____
NAME OF LANDLORD/MORTGAGE CO. _____
ADDRESS _____ TELE. NO. _____

4. EMPLOYED BY _____
ADDRESS _____
TELE. NO. _____ POSITION _____ HOW LONG HERE? _____

I understand that RENTERS REFERENCE OF FLORIDA will inform me in advance of any charges resulting from this disclosure for which I am properly responsible to pay under the Federal Fair Credit Reporting Act law.

I hereby state that I am the person named above and I understand that Federal Law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year or both.

I hereby state that that I am the person named above and that I authorize the RENTERS REFERENCE OF FLORIDA to release my file information to me.

Signed _____ Spouse _____

Date _____ Date _____

(FOR CUSTOMER COMPLETION)

Issued to Applicant (Print Name) _____ DATE _____

Name of Customer (Association/Residential Name) _____

**Renters Reference of Florida, Consumer Department, 2525 Hollywood Boulevard, Hollywood, FL 33020
(DO NOT HAND DELIVER OR FAX THIS FORM TO OUR OFFICE - MAIL THIS FORM TO ABOVE ADDRESS)**

NOTICE OF NON-QUALIFICATION

Based on the application you submitted and the subsequent background check conducted, we have determined that you are not qualified for residency and/or ownership.

We relied in whole or in part on:

1. _____ Information contained in an investigative consumer report from: RENTERS REFERENCE OF FLORIDA.
2. _____ An investigative consumer report containing insufficient information for our needs. It was obtained from RENTERS REFERENCE OF FLORIDA.
3. _____ An investigative consumer reporting agency contacted was unable to supply any information on you. That agency was: RENTERS REFERENCE OF FLORIDA.

IF ITEMS 1, 2 OR 3 HAVE BEEN CHECKED:

You have the right to full disclosure of the **nature and substance** of all information on you in the agency's files, at no charge to you (if you request this information within 60 days of receipt of this notice).

To receive this information **complete in detail** the attached "REQUEST FOR DISCLOSURE" form and **send it to:**

**RENTERS REFERENCE OF FLORIDA
ATTN: CONSUMER DEPARTMENT
2525 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

(Absolutely **no information** will be given out over the telephone.)

(**Do not fax** these forms to our office)

(**Do not hand deliver** these forms to our office)

(Mail the completed "Request For Disclosure" form to above address)