**ADVERSE ACTION NOTICE - TENANT - GENERAL**

**PARTIES**

|  |  |
| --- | --- |
| Property Name: | Date: |
|  |  |
| Property Address: | Unit #: |
|  |  |
| Owner/Agent (Landlord): |  |
|  |  |
| Resident(s*)*: |  |

The purpose of this Adverse Action Notice is to inform you that your application to rent the property did not meet our standards, and/or that negative and adverse action has resulted regarding your application to rent a dwelling unit, as follows:

Your rental application failed to meet our standards in one or more of the following ways:

**(\_\_)** Unsatisfactory rental history

**(\_\_)** Inaccurate or false information provided by Applicant **(\_\_)** Unable to verify information provided by Applicant **(\_\_)** Negative reports from references or other sources **(\_\_)** Incomplete Application form

**(\_\_)** Lack of references or insufficient reference information **(\_\_)** Insufficient income to meet rental qualifications

**(\_\_)** Undisclosed or unpermitted pet

**(\_\_)** Lack of insurance as required by Landlord **(\_\_)** The premises were rented to someone else

Since your Rental Application did not meet our standards, we are:

**(\_\_)** Denying your Application

**(\_\_)** Requesting an increased deposit and/or co-signer as a condition precedent to the execution of a Rental Agreement

Further, we are:

**(\_\_)** Returning your screening charge **(\_\_)** Not returning your screening charge

**(\_\_)** No screening charge was paid or received

**(\_\_)** If this box is checked, the adverse action was taken, in whole or in part, based upon information received from a person orcompany other than a consumer reporting agency. When this occurs, you have the right to make a written request to us for a disclosure of the nature and scope of that information. Such a request must be made within sixty (60) days of receiving this letter.

**(\_\_)** If this box is checked, the adverse action was taken, in whole or in part, based upon a consumer report. The consumerreporting agency(ies) that provided that report was (check all that apply):

|  |  |  |
| --- | --- | --- |
| **(\_\_)** | **Equifax Credit:** | P.O. Box 740241, Atlanta, GA 30374 |
|  | 1-800-685-5000 | www.equifax.com |
| **(\_\_)** | **Experian:** P.O. Box 2104, Allen, TX 75013-2104 | |
|  | 1-888-397-3742 | www.experian.com |
| **(\_\_)** | **Trans Union:** 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022-2000 | |
|  | 1-800-888-4213 | www.transunion.com/myoptions |
| **(\_\_)** | **Moco Inc:** P.O. Box 2826, Seattle, WA 98111 | |
|  | 1-800-814-8213 | www.moco-inc.com |

If we have notified you that the above-noted agency(ies) provided information about your credit or other history on your consumer report, it did not take any part in making a decision regarding your Application, nor can it explain why adverse action was taken.

Pursuant to Federal law, you have the following rights: (1) Pursuant to the Fair Credit Reporting Act, you have a right to obtain a copy of your Consumer Report. To obtain a free copy of your Consumer Report, you must request a copy within sixty (60) days of the date you received this letter by writing or telephoning the consumer reporting agency(ies) checked above. (2) If you believe your report contains any erroneous information, is inaccurate or incomplete, you have the right under the Fair Credit Reporting Act to dispute its accuracy or completeness of the information, and to put into your report a consumer statement of up to 100 words explaining your position on the item under dispute. Trained personnel are available to help prepare consumer statements. (3) You also have certain rights under Credit Reporting and Consumer Protection Laws of your state. For further information, you can contact your state or local consumer protection agency, or your state’s attorney general’s office.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Landlord (print): | | Signature: |  | Date: | | |
|  |  |  |  |  |  |  |
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