

# DISCLOSURE REGARDING CONSUMER REPORTS

River Meadows West, LLC  
dba Hidden Lake  
P.O. Box 239  
Montrose, CO 81402

## **River Meadows West, LLC dba Hidden Lake Will Obtain a Background Check**

You acknowledge and understand that in connection with your application for residency with River Meadows West, LLC dba Hidden Lake or when deciding whether to modify or continue your ongoing residency, if accepted, we may obtain a "consumer report" and/or an "investigative consumer report" on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

## **Consumer Report Defined**

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for residency purposes.

## **Investigative Consumer Report Defined**

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living.

## **Reports May Contain**

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past residential leases. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested.

## **Your Rights as a Consumer**

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied residency based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Disputes | 7131 Riverside Parkway | Tulsa, Oklahoma 74136



# AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for River Meadows West, LLC dba Hidden Lake to obtain a complete consumer report:

Full Legal Name : \_\_\_\_\_  
(First Name, **Full Middle Name**, Last Name)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender\*: M / F Race\*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) \_\_\_\_\_

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to River Meadows West, LLC dba Hidden Lake, any records or information referenced in the provided disclosure statement for residency related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your lease to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, landlord, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish River Meadows West dba Hidden Lake and/or Trak-1 with any and all background information in their possession regarding you for these stated purposes;
- 5) You understand and agree that in connection with your lease your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the leasing process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This information will be used for background screening purposes only.

- ☐ **Check this box if you are a Minnesota, Oklahoma, or California applicant**, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced company within three business days beginning on the date of receipt by the company. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced company. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

**CALIFORNIA APPLICANTS:** Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

**MAINE APPLICANTS:** Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.

# RESIDENCY APPLICATION

| APPLICANT INFORMATION & PREVIOUS ADDRESS HISTORY                                              |                           |                    |                    |                        |              |                    |
|-----------------------------------------------------------------------------------------------|---------------------------|--------------------|--------------------|------------------------|--------------|--------------------|
| APPLICANT NAME – Last, First, Middle                                                          |                           | DATE OF BIRTH      |                    | SOCIAL SECURITY NUMBER |              | DRIVER'S LICENSE # |
|                                                                                               |                           |                    |                    |                        |              |                    |
| CURRENT ADDRESS                                                                               |                           |                    | CITY               |                        | STATE        | ZIP                |
|                                                                                               |                           |                    |                    |                        |              |                    |
| HOME PHONE                                                                                    | CELL PHONE                | REASON FOR MOVING? |                    |                        |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
| LANDLORD/MANAGEMENT/FINANCING COMPANY                                                         |                           | PHONE              | RENT AMOUNT        | HOW LONG?              |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
| PREVIOUS ADDRESS                                                                              |                           |                    | CITY               |                        | STATE        | ZIP                |
|                                                                                               |                           |                    |                    |                        |              |                    |
| LANDLORD/MANAGEMENT/FINANCING COMPANY                                                         |                           | PHONE              | RENT AMOUNT        | HOW LONG?              |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
| MONTHLY INCOME (Employment)                                                                   |                           |                    |                    |                        |              |                    |
| EMPLOYER NAME                                                                                 |                           | ADDRESS            |                    | CITY                   | STATE        | ZIP                |
|                                                                                               |                           |                    |                    |                        |              |                    |
| EMPLOYER PHONE                                                                                | CONTACT/SUPERVISOR'S NAME | HOW LONG?          | YEARS IN FIELD?    | GROSS MONTHLY INCOME   |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
| PREVIOUS EMPLOYER NAME                                                                        |                           | ADDRESS            |                    | CITY                   | STATE        | ZIP                |
|                                                                                               |                           |                    |                    |                        |              |                    |
| EMPLOYER PHONE                                                                                | CONTACT/SUPERVISOR'S NAME | HOW LONG?          | REASON FOR LEAVING |                        |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
| OTHER INCOME SOURCES (Housing Assistance, Alimony, Child Support, Education Assistance, Etc.) |                           |                    |                    |                        |              |                    |
| SOURCE                                                                                        |                           | AMOUNT PER MONTH   | CONTACT PERSON     | CONTACT PHONE          |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
| BANK REFERENCE (Indicate Bank and Services Used)                                              |                           |                    |                    |                        |              |                    |
| NAME OF INSTITUTION                                                                           |                           | ACCOUNT NUMBER     | ACCOUNT TYPE       | BALANCE                | PHONE NUMBER |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |
|                                                                                               |                           |                    |                    |                        |              |                    |



**EVICTIION HISTORY****HAVE YOU EVER BEEN EVICTED? (Circle One) If yes, please list all evictions below.****YES / NO****EXPLANATION:****EXPLANATION:****EXPLANATION:****CRIMINAL HISTORY****EXCLUDING MINOR TRAFFIC OFFENSES, HAVE YOU BEEN CONVICTED OF ANY CRIMINAL ACTIVITY IN THE LAST  
\_\_\_\_\_ YEARS? (Circle One) If yes, please list below all convictions in the last \_\_\_\_\_ years.****YES / NO****EXPLANATION:****EXPLANATION:****EXPLANATION:****MOTOR VEHICLE(S)****LICENSE PLATE #****MAKE / MODEL****YEAR****OTHER OCCUPANTS****LIST ALL OCCUPANTS OF UNIT OTHER THAN APPLICANT****RELATIONSHIP****AGE**

Management will grant equal opportunity to all persons regardless of race, creed, religion, gender, sexual orientation, national origin, familial status, marital status, status with regard to public assistance and/or disability.