



Van Binsbergen

& ASSOCIATES

PROPERTY MANAGEMENT REAL ESTATE

Corporate Office

540 South First Street
Montevideo, MN 56265
Phone: 320.269.6640
Fax: 320.269.7789
office@vanblc.com

Branch Office

5709 SW 21st Street, Ste 104
Topeka, KS 66604
Phone: 785.350.2289
Fax: 785.350.2290
ksoffice@vanblc.com

www.vanblc.com

Serving Minnesota, Kansas, Missouri, Nebraska, Iowa

PLEASE READ THE FOLLOWING BEFORE COMPLETING YOUR APPLICATION

- A non-refundable application fee of \$25 per Adult must be submitted with the application. (Checks and Money Orders should be made payable in the Property name.)
- Please write phone numbers for all banks, employment, and other institutions where assets are held and income is received.
- Any household member, 18 years of age or older, must sign and date all areas indicated.
- If you receive Social Security/SSI Benefits please enclose a copy of your most recent awards letter.
- For adult household members, verification of Social Security number (social security card, signed taxes documentation, etc.) and date of birth (photo ID, birth certificate, etc.) must be provided.

Please keep in mind, when returning your application, the cost of postage will be higher. Contact your local Post Office for the correct postage amount.

**If you have any questions regarding this application please call
320-269-6640 to contact:**

**Brittney @ ext. 223, Nikki @ ext. 224,
Katelynn @ ext. 221, Khalilah @ ext. 233,
Gabriella @ ext. 232, Taylor @ ext. 216**



"This Institution is an Equal Opportunity Provider."



TTY
711



Thank you for your interest in the properties managed by Van Binsbergen & Associates, Inc. Please take the time to thoroughly complete this application. Incomplete applications considerably lengthen the processing time. You may contact our office for assistance and any questions. Completed Applications are processed in order of date and time received.

A non-refundable application fee of \$25.00 for each Adult member of the household MUST be included in order to process the application. MONEY ORDERS OR CHECKS NEED TO BE MADE PAYABLE TO THE PROPERTY TO WHICH YOU ARE APPLYING.

Return completed application and application fee to: Van Binsbergen & Associates 540 South First Street Montevideo, MN 56265 Fax: 320-269-7789 Email: office@vanblc.com	OFFICE USE ONLY	
	Date Received	
	Time Received	
	Fee Paid	
	Date Paid	

APPLICATION FOR OCCUPANCY AT:

Property Name		Requested Move-In Date	
City		State	

What size unit are you requesting? 1 Bedroom 2 Bedroom 3 Bedroom Other

How did you hear about this housing? _____

Applicant Name			
Mailing Address			
City		State	Zip
Phone		Cell Phone	
Email			

HOUSEHOLD MEMBER INFORMATION:

	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
1				
2				
3				
4				
5				
6				
7				
8				

PLEASE NOTE: If you fail to supply ALL requested information where necessary, this application may be deemed unacceptable and returned to you for completion.



Equal Housing Opportunity

Van Binsbergen & Associates, Inc. is an Equal Opportunity Provider, and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410
Or call (202) 720-6382 (Voice and TDD).

CURRENT HOUSEHOLD INFORMATION:

Do you own any pets? Yes No If yes, describe _____

Pets are not allowed except in designated projects.

BACKGROUND HISTORY

Have you or any household member ever been evicted from housing or found ineligible for rental assistance due to violence or drug related criminal activity? Yes No

Are you a current illegal user of controlled substance? Yes No

Have you ever been convicted of the illegal use of a controlled substance? Yes No

Have you ever been convicted of a drug violation: Use, attempted use, possession, manufacture, sale or distribution? Yes No

Have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes No

Have you ever been convicted of a felony? Yes No

Are you or other household member subject to any state lifetime sex offender registration? Yes No

HOUSING HISTORY

Have you lived independently from your parents/guardians? Yes No
If no, skip to personal reference section.

Have you owned your own home(s) for the last seven years? Yes No
If no, complete the following.

Have you been evicted/unlawful detainer from any type of housing for any reason? Yes No
If yes, provide date and explanation : _____

List all states/years where all adult members have resided: _____

Have you had a prior rental with our management company Yes No
If yes, provide date and property : _____

Are you currently receiving property based rental assistance or Section 8 Choice Housing voucher? Yes No
If yes, provide property name or county agency for voucher: _____

PRESENT LANDLORD			PHONE	
LANDLORD ADDRESS				
PROPERTY ADDRESS				
DATES RENTED	START		END	
PREVIOUS LANDLORD			PHONE	
LANDLORD ADDRESS				
PROPERTY ADDRESS				
DATES RENTED	START		END	

PERSONAL REFERENCES *Do NOT include family members or landlord references in this section*

NAME			PHONE	
MAILING ADDRESS				
NAME			PHONE	
MAILING ADDRESS				
NAME			PHONE	
MAILING ADDRESS				

CITIZENSHIP DECLARATION

Is every member of the household a US citizen? Yes No

If no, please list the full name of each non-citizen and supply verification of eligible immigration status.

NAME: _____ NAME: _____

NAME: _____ NAME: _____

Acceptable documentation includes:

- Proof of age (only for tenants 62 years of age or older)
- If younger than 62, items required: Verification Consent Format **and one of the following:**
 - Form I-551, Alien Registration Receipt Card (for permanent resident aliens)
 - Form I-94 Arrival Departure Record
 - Form I-688, Temporary Resident Card
 - I-688B Employment Authorization Card
 - Receipt issued by DHS indicating application for issuance of replacement document of above listed categories
 - Form I-151, Alien Registration Receipt Card

RACE/ETHNICITY

“The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familiar status, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your Application or to discriminate against you in any way.”

Head of Household: Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Black or African American White
 Asian Native Hawaiian/Other Pacific Islander

Co-Tenant: Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Black or African American White
 Asian Native Hawaiian/Other Pacific Islander

CERTIFICATION/AUTHORIZATION/CONSENT

I/We hereby certify the unit applied for will be the household’s permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit. I/We understand that my/our eligibility for housing will be based on government program (dependent on property, which may include HUD, RD, Tax Credit) income limits and tenant selection criteria. I/We certify all information provided on this Application is true to the best of my/our knowledge and understand false statements, misinformation, or deliberately withheld information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupation.

I/We do hereby authorize **Van Binsbergen & Associates, Inc.** and authorized representatives to contact any agencies, law enforcement office, companies, groups, or organizations to verify any information contained in this Application or to obtain and verify additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by **Van Binsbergen & Associates, Inc.** Further, I/We consent to the release of wage matching data to the RHS and the borrower.

Applicant Signature: _____ DATE: _____

Applicant Signature: _____ DATE: _____

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all representatives of companies/agencies in the categories listed below to release, without liability, information regarding employment, additional forms of income, benefits, assets, and references to **Van Binsbergen & Associates, Inc.** (Owner and/or Agent), for purposes of verifying information listed on the rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding my/our household may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identifiers; employment, income and assets; medical or child care allowances. I/We understand this authorization cannot be used to obtain any information which is not pertinent to eligibility as a qualified tenant.

GROUPS OR INDIVIDUALS WHO MAY BE CONTACTED

The groups or individuals who may be asked to release the above information include, but are not limited to:

Past and Present Employers	Veterans Administration	Welfare Agencies
State Unemployment Agencies	Social Security Administration	Retirement Systems
Support and Alimony Providers	Banks/Other Financial Institutions	Colleges & Universities
Medical and Child Care Providers	Previous Landlords	Public Housing Agencies

SAVE VERIFICATION CONSENT FORM

For every household member (adult or child) identified as an eligible noncitizen on the application, the signatures below provide consent to the following for the individual and/or signature of parent/guardian for household members under the age of 18:

1. The use of provided evidence/documentation to verify eligible immigration status to enable household members to receive financial assistance for housing.
2. The release of such evidence to the DHS for purposes of verification of the immigration status of the individual.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the above stated purpose(s). The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date



This institution is an Equal Opportunity Provider, and Employer. To file a complaint of discrimination, write to USDA, Director Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TTD).



AQUTRAQ CONSUMER AUTHORIZATION-TENANT

I, _____ (“Applicant”) understand that in conjunction with my application to lease/ purchase a residential apartment from Van Binsbergen & Associates, INC. (“Company”), Company will use the services of an outside agency to perform a background check and to verify the information that I have provided on my lease/purchase application. This background check may include information regarding my personal background, character, professional standing, work history or qualifications. Company uses ACUTRAQ Background Screening Inc. (ACUTRAQ), a consumer reporting agency, as its agent to perform these background checks.

I understand a background check is not only for the benefit of Company as a sound business practice, but also for the benefit of all residents. It is no reflection on an applicant. All reports are confidential, and provided to the Company for making a decision regarding my application to lease or purchase a residential apartment only. I may review or obtain a copy of the background check consumer report ACUTRAQ performed on me if adverse action is taken from information obtained, in whole or in part, from the background check information. ACUTRAQ will also provide a copy of my consumer report upon request. ACUTRAQ may also be contacted by writing to:

ACUTRAQ Background Screening, Inc.

PO Box 766
Elkins, Arkansas 72727
(479) 439-9174

I hereby authorize law enforcement agencies, information service bureaus, credit bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), my past and landlords, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by ACUTRAQ or Company.

By my signature below, I consent to and authorize the preparation of a consumer report prepared by ACUTRAQ for the Company and its designated representatives throughout the Lease period. I agree that a copy or fax of this document shall be as valid as the original.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

I hereby consent and authorize Company and/or ACUTRAQ to prepare any and all reports described above in conjunction with my application to lease/purchase a residential apartment.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (Applicant Initials)

APPLICANT SIGNATURE _____

PRINT NAME _____

DATE _____

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application to rent a dwelling with Van Binsbergen & Associates, INC. further known as (“Company”). Company uses ACUTRAQ Background Screening Inc. (ACUTRAQ), a consumer reporting agency, as its agent to perform these background checks. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of current and previous employers, reason for termination of employment, work experience, names and dates of current and previous tenancy, reasons for termination of tenancy, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. In addition, investigative consumer reports (gathered from personal interviews, as applicable, with current and former employers and/or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand that the Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my lease period.

Authorization

I hereby authorize procurement of consumer report(s) and/or investigative consumer report(s) by Company. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my lease period. I authorize without, reservation, any person, business or agency contacted by ACUTRAQ Background Screening, Inc. (ACUTRAQ) to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights: I understand that I have the right to make a request to the consumer reporting agency: ACUTRAQ Background Screening ,Inc.; P.O. Box 766 Elkins, Arkansas, 479-439-9174 , upon proper identification, to obtain copies of any reports furnished to the Company by ACUTRAQ Background Screening, Inc. and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and ACUTRAQ on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). ACUTRAQ will also disclose the recipients of any such reports on me which the ACUTRAQ has previously furnished within one year preceding my request (California three years). I hereby consent to Company obtaining the above information from ACUTRAQ. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the ACUTRAQ Background Screening, Inc. I may view the ACUTRAQ's privacy policy at their website:www.ACUTRAQ.com.

I understand that if the Company is located in California, Minnesota, or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (Applicant Initials).

Printed Name: _____

Signature: _____

Social Security No.: _____; Date of Birth: _____

Current Address: _____

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 FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **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 disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
 - **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.
 - The Following FCRA right applies with respect to nationwide consumer reporting agencies:

Consumers Have the Right To Obtain A Security Freeze

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

Type of Business	Contact:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW, Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW, Washington DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks. b. State member banks, branches and agencies of foreign banks (other than federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations. d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group PO Box 53570, Houston, TX 77052 b. Federal Reserve Help Center PO Box 1200, Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street, Alexandria, VA 22314
3. Air Carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE, Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street NW, Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE, Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW, Washington DC 20580 (877) 382-4357

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I understand a background check is not only for the benefit of Company as a sound business practice, but also for the benefit of all residents. It is no reflection on an applicant. All reports are confidential, and provided to the Company for making a decision regarding my application to lease or purchase a residential apartment only. I may review or obtain a copy of the background check consumer report ACUTRAQ performed on me if adverse action is taken from information obtained, in whole or in part, from the background check information. ACUTRAQ will also provide a copy of my consumer report upon request. ACUTRAQ may also be contacted by writing to:

ACUTRAQ Background Screening, Inc.

PO Box 766
Elkins, Arkansas 72727
(479) 439-9174

I hereby authorize law enforcement agencies, information service bureaus, credit bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), my past and landlords, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by ACUTRAQ or Company.

By my signature below, I consent to and authorize the preparation of a consumer report prepared by ACUTRAQ for the Company and its designated representatives throughout the Lease period. I agree that a copy or fax of this document shall be as valid as the original.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

I hereby consent and authorize Company and/or ACUTRAQ to prepare any and all reports described above in conjunction with my application to lease/purchase a residential apartment.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____(Applicant Initials)

APPLICANT SIGNATURE _____

PRINT NAME _____

DATE _____

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I understand that the Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my lease period.

Authorization

I hereby authorize procurement of consumer report(s) and/or investigative consumer report(s) by Company. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my lease period. I authorize without, reservation, any person, business or agency contacted by ACUTRAQ Background Screening, Inc. (ACUTRAQ) to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights: I understand that I have the right to make a request to the consumer reporting agency: ACUTRAQ Background Screening ,Inc.; P.O. Box 766 Elkins, Arkansas, 479-439-9174 , upon proper identification, to obtain copies of any reports furnished to the Company by ACUTRAQ Background Screening, Inc. and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and ACUTRAQ on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). ACUTRAQ will also disclose the recipients of any such reports on me which the ACUTRAQ has previously furnished within one year preceding my request (California three years). I hereby consent to Company obtaining the above information from ACUTRAQ. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the ACUTRAQ Background Screening, Inc. I may view the ACUTRAQ's privacy policy at their website:www.ACUTRAQ.com.

I understand that if the Company is located in California, Minnesota, or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (Applicant Initials).

Printed Name: _____

Signature: _____

Social Security No.: _____; Date of Birth: _____

Current Address: _____