



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON (NOT FOR CITY OF PORTLAND) APPLICANT SCREENING ADVERSE ACTION



SAMPLE

DATE _____ PROPERTY NAME / NUMBER _____
APPLICANT NAME(S) SAMPLE
STREET ADDRESS SAMPLE CITY SAMPLE STATE SAMPLE ZIP SAMPLE

SAMPLE

☒ Application denied SAMPLE SAMPLE

This section is applicable to denial based exclusively under criminal criteria.

- ☒ Supplemental Evidence was provided. See Owner/Agent Notice of Denial.
☒ No Supplemental Evidence was provided. This serves as Owner/Agent Notice of Denial.

Owner/Agent has considered:

- a) the nature and severity of the incidents leading to a denial;
b) the number and type of incidents;
c) the time elapsed since the date incidents occurred; and
d) the age of the individual at the time the incidents occurred.

☒ Application approved with the following conditions: SAMPLE

In compliance with applicable state law and the Federal Fair Credit Reporting Act, this is to inform you that as a result of information obtained on your consumer credit file or other information sources, negative and adverse action has resulted regarding your application to rent a unit in the following way:

1. Your application to rent the property did not meet our standards for the following reasons (check one or more):

- ☒ Negative or insufficient rental history
☒ Negative or insufficient reports from references or other sources
☒ A prior eviction that resulted in a general judgment for the landlord
☒ An eviction that is still pending
☒ Inaccurate or false information on the application
☒ Unacceptable criminal history
☒ Inability to verify information regarding criminal history
☒ Insufficient or unverifiable income
☒ Insufficient or unverifiable employment history
☒ Negative information from a consumer reporting agency
☒ Inability to verify information regarding credit history
☒ The property was rented to someone else
☒ Failure to meet other written screening criteria: SAMPLE

SAMPLE

2. If a box is checked next to a consumer reporting agency below, our credit decision was based in whole or in part on information obtained in a report from the consumer reporting agency listed below. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. The reporting agency played no part in our decision and is unable to supply specific reasons why we have denied credit to you. You also have a right to a free copy of your report from the reporting agency, if you request it no later than 60 days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency.

- ☒ **Equifax Credit Bureau** • P.O. Box 740241, Atlanta, GA 30374-0241 • Phone 1-800-685-1111 • <http://www.equifax.com>
☒ **Experian** • P.O. Box 2002, Allen, TX 75013 • Phone 1-888-397-3742 • <http://www.experian.com/reportaccess>
☒ **TransUnion** • Consumer Disclosure Center, P.O. Box 2000, Chester, PA 19022 • Phone 1-800-888-4213 • <http://www.transunion.com>
☒ Screening Company/Other SAMPLE

3. Credit Score Disclosure SAMPLE

- ☒ If this box is checked, we also obtained your credit score from this consumer reporting agency and used it in making our credit decision. Your credit score is a number that reflects the information in your credit report. Your credit score can change, depending on how the information in your credit report changes.

Your credit score: SAMPLE Date: SAMPLE MM/DD/YYYY. You received a credit score of SAMPLE and a credit score of SAMPLE is required to qualify.

Key factors that adversely affected your credit score: SAMPLE

4. You may have additional rights under the credit reporting or consumer protection laws of your state. For further information, you can contact your state or local consumer protection agency or your state attorney general's office.

Appeals will be considered when required under federal, state or local law.

An appeal may be submitted to SAMPLE if you believe a record is incomplete, inaccurate or irrelevant, mitigating circumstances exist, or a reasonable accommodation for disability is needed.

OWNER/AGENT X SAMPLE SAMPLE

ADDRESS SAMPLE
SAMPLE

TELEPHONE _____

EMAIL _____