

Northeast Claim Service
P.O Box 1252
Schenectady, NY 12301-1252
518-882-5025
E-Mail Gizzi@privateeye.us
www.Northeastclaimservice.com

Re: Tenant / Co-op or Condo Screening Reports:

The Form contained in this packet is for Non credit report related requests.

If you will also require credit reports these separate forms are required:

End User Credit Agreement
AND
Tenant Credit Authorization

1. **ALL CLIENTS** must *certify* to Northeast Claim Service that information requested will be used **ONLY** for the purpose requested.
2. Each landlord must obtain a **WRITTEN AUTHORIZATION** from a prospective tenant before requesting a **REPORT**. A suggested format for is provided.
3. Should you decline an applicant tenancy based partly or wholly on data in a report, you must give the applicant the name and address of the agency from which you obtained the report and inform the applicant that the decision to decline was based on such a report.
4. If your reason for declining the applicant has nothing to do with information in the report, the foregoing notification **DOES NOT** apply.

In order to comply with the above we are required to have a statement from each of our clients to the effect that reports ordered from Northeast Claim Service will be used only for permissible purposes.

For ease of handling, please read and certify compliance with the statement below by affixing your signature. Forward a copy to us and retain a copy for your files.

If you have any questions call our toll free information line at:

518-882-5025

Our firm certifies that it will comply with the adverse action requirement and that the information will not be used in violation of any applicable Federal or State equal opportunity law or regulation.

Signed : _____ **Date** _____

Title: _____

Company: _____

Address: _____

Purpose: Tenant Investigative Consumer Report Without Credit Report

Please Note: Any person who knowingly obtains a consumer report under false pretenses or without a permissible purpose will be subject to damages. In these circumstances, the person will be liable to both the consumer reporting agency and the applicant or employee for their actual damages sustained or \$1,000, whichever is greater.

In addition, any person that willfully fails to comply with the statute will be liable to the applicant or employee for actual damages, punitive damages, costs and attorney's fees, although the Reform Act limits actual damages in this situation to an amount not less than \$100 and not more than \$1,000.

Finally, if an unsuccessful motion, pleading or other paper is filed in "bad faith or for purposes of harassment," the Reform Act will award reasonable attorney's fees to the prevailing party.

TENANT AUTHORIZATION STATEMENT

This shall authorize the procurement of a consumer report by _____

In connection with this request, I authorize all, former employers, Former Landlords and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Northeast Claim Service. I also understand a background investigation may be conducted concerning my criminal history, civil judgments, liens, evictions, address history or any other public information.

THIS AUTHORIZATION IS NOT FOR CREDIT REPORT OR BANKING INFORMATION.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I understand that I have the right to request additional disclosure as to the nature and scope of the investigation, upon written request, within a reasonable period of time.

_____ Applicant's Signature		_____ Print Name		_____ Date
_____ Birth Name	_____ Social Security Number	_____ Date of Birth	_____ Driver ID Number	[] State
_____ Address		/ _____ Prior address		

If a spouse or a second applicant is involved, please include the information requested below and be sure both applicants sign this document.

_____ Applicant's Signature		_____ Print Name		_____ Date
_____ Birth Name	_____ Social Security Number	_____ Date of Birth	_____ Driver ID Number	[] State
_____ Address		/ _____ Prior address		

Our firm certifies that it will comply with the adverse action requirement and that the information will not be used in violation of any applicable Federal or State equal opportunity law or regulation.

Requested by: _____
Signed _____ Date _____

ADVERSE ACTION NOTIFICATION

Applicant's Name: _____ SS# _____

Your application has been denied based on the following reason(s):

Information contained in a consumer credit report from:

Northeast Claim Service.

Information from a source other than a consumer credit report

Other: _____

In reaching our decision to decline your application, we relied, in whole or in part, on information contained in an investigative consumer report obtained from:

Northeast Claim Service
P.O. Box 1252
Schenectady, NY 12301-1252

518- 882-5025

You have the right to full disclosure of the nature and substance of the information about you in the agency's files at no charge - if you contact the agency directly within 60 days.

Under The Consumer Credit Reporting Reform Act of 1996, whenever adverse action is taken against an applicant or employee based partly or wholly because of information contained in a *CONSUMER REPORT* we must provide you with the above, as well as advise you that the consumer reporting agency did not make the decision to take the adverse action and is unable to explain the specific reasons behind our decision.

If this section applies, we will provide you with a copy of the *CONSUMER REPORT* and you do have the right to dispute the accuracy of the report directly with the Credit Reporting Agency. We will also provide you with a written summary of your rights under the statute.