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Ticket#

**Form CRD-001      MANUAL AUTHENTICATION FORM**  
**CONSUMER REPORT & DISCLOSURE REQUEST**

*(Please print legibly in blue or black ink)*

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**I qualify for a free copy of my consumer file because** (Check one of the following):

- (a)  I am requesting my free annual consumer file disclosure.
- (b)  I have been notified of an adverse action based on information in my consumer file and have enclosed the qualifying information.
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(Complete this section if you checked the box (b) above)

Housing/Employment Application Date: \_\_\_\_\_

Prospective Landlord/Employer Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

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

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*(Form continues on next page)*

In order to process your request, please complete this form and return it to us at the address or fax number provided above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Maiden Name or Other Last Names: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please include a legible copy of your government-issued identification card (for example, Driver's License) containing your address.

If your current address is different from that stated on your government-issued identification card, please provide a legible copy of one of the following (please ensure your current address is included in the document(s) you provide):

- Utility Bill
- Cell Phone Bill
- Cable Bill
- Military Orders

Addresses of any other residences you have occupied in the last five years:

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Address 3: \_\_\_\_\_

**BY SUBMITTING THIS FORM, I CERTIFY THAT I AM THE PERSON NAMED ABOVE.**  
Your signature is required below to process your request.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_