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Date

Ticket#

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

(Please print legibly in blue or black ink)

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.

(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: _____

(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: _____