

ADVERSE ACTION LETTER

Applicant Name: _____
Applicant Address: _____

Dear Applicant,

We regret to inform you that your application for credit/insurance/employment has resulted in an adverse action. This decision was made based on information contained in a consumer report obtained from a consumer reporting agency.

Reasons for Adverse Action:

1. Credit History
2. Employment Verification
3. Income Verification
4. Public Records
5. Other (describe): _____

Consumer Reporting Agency Information:

Name: _____
Address: _____
Phone Number: _____

You have the right to obtain a free copy of your consumer report from the consumer reporting agency identified above within 60 days of receiving this notice. You also have the right to dispute the accuracy or completeness of any information in your report directly with the consumer reporting agency. If you believe the information in your report is incorrect, please contact the agency.

If you have any questions regarding this adverse action, you may contact us at the address or phone number listed below. Please note that this adverse action is based solely on information obtained from the consumer reporting agency and not on any personal information provided by you beyond what was necessary for the evaluation.

Company Contact Information:

Company Name: _____
Address: _____
Phone Number: _____

This adverse action letter complies with the requirements of the Fair Credit Reporting Act (FCRA), the Equal Credit Opportunity Act (ECOA), and other applicable federal and state laws. This letter is intended to provide you with all the necessary information regarding the adverse action taken based on information from a consumer report.

Please retain this letter for your records. We encourage you to obtain and review your consumer report to ensure its accuracy and to address any discrepancies promptly. Your rights and remedies under applicable laws remain unaffected by this notice.

Sincerely,

Authorized Company Representative

Signature: _____

Date: _____

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