

- **Are you in a business where identity theft is uncommon?** If there are no reports in the news and no talk among people in your line of work about identity theft, your industry may not now be the target of identity thieves, and your organization may be at low risk for identity theft.

I've conducted an assessment of

*name of your business or organization*

Here are the reasons we are at low risk for identity theft:

*This space holds up to 1550 characters. Use an additional sheet if necessary.*

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## PART B: Designing an Identity Theft Prevention Program for Businesses or Organizations at Low Risk

Designing a program involves four basic steps:

- STEP 1:** Identifying relevant red flags
- STEP 2:** Detecting red flags
- STEP 3:** Responding to red flags
- STEP 4:** Administering your Program

## STEP 1: Identifying relevant red flags

The first step is to identify the relevant red flags you might come across that signal that people trying to get products or services from you aren't who they claim to be. Read the FTC's free booklet *Fighting Fraud with the Red Flags Rule: A How-To Guide for Business* (pages 19-21) for examples. For instance, if you check photo IDs, a classic red flag of identity theft is an inconsistency between the person's appearance and the information on the photo ID. If you know all your customers personally, it's probably not necessary to ask for a photo ID, and this red flag wouldn't be appropriate. Sometimes, the only red flag may be a notice from another source that an identity theft has occurred. Since that red flag applies to everyone, it's included here.

### Here are the red flags we have identified:

1. Notice from a customer, a victim of identity theft, a law enforcement agency, or someone else that an account has been opened or used fraudulently.

2.

3.

4.

*Each space holds up to 210 characters. Use an additional sheet if necessary.*

## STEP 2: Detecting red flags

The second step is to explain how your business or organization will detect the red flags you've identified. For example, perhaps in Step 1 you identified false IDs as a red flag. To detect a false ID, you might consider training your staff to look carefully at the ID to see if the person's appearance is consistent. What if somebody notifies you that an account has been opened or used fraudulently? To make sure those notices don't fall through the cracks, you may decide to require employees to log that kind of notice in a central place or to tell a staff member responsible for responding to red flags.

### Here's how we'll detect the red flags we have identified:

1.

2.

3.

4.

*Each space holds up to 210 characters. Use an additional sheet if necessary.*

### STEP 3: Responding to red flags

The third step is to decide how you'll respond to any red flags that materialize. For example, say you've identified the risk of false IDs as a warning sign of identity theft, and you've noted that you will train your staff to look for inconsistencies in identification. Your employee has checked the photo ID and detected an inconsistency. What's the next step? Perhaps it's asking for another form of identification – or maybe not providing any products or services until the inconsistency has been resolved. Or imagine you're trying to collect on an unpaid bill, and the person you contact tells you his identity was stolen and he didn't run up that bill. Although it will depend on the circumstances, consider how you might respond. For example, you could ask for proof that an identity theft claim has been filed.

Here's how we'll respond to the red flags we have identified:

1.	
2.	
3.	
4.	

Each space holds up to 210 characters. Use an additional sheet if necessary.

### STEP 4: Administering your Program

The last step is documenting how you'll administer your Program. Here's what's involved:

- **Get the approval of your Board of Directors, a committee of your Board, or a senior manager.**

Our Program has been approved by:

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- **Designate a senior employee to administer your Program.**

The person who will administer our Program is:

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- **Describe how you'll train your staff.** List the categories of employees who will be trained to detect red flags – for example, your reception staff or the people who handle your accounts receivable – and how they'll get that training – say, during an orientation for new employees or an annual update.

Here are the categories of employees we'll train and how we'll provide training:

Category of employee	How we provide training

*Use an additional sheet if necessary.*

- **Describe how you'll supervise your service providers.** Do you use service providers who might detect any of the red flags you've identified? For example, do you hire a company to handle your invoicing or use a collection agency to collect overdue bills? Talk to them to see that they're following your Program or have their own that complies with the Red Flags Rule.

- We don't use service providers in connection with accounts covered by the Red Flags Rule.
- We use service providers in connection with accounts covered by the Red Flags Rule.

Here are the service providers we'll contact about complying with the Red Flags Rule:

1.
2.
3.
4.

*Each space holds up to 210 characters. Use an additional sheet if necessary.*

- **Describe how you'll update your Program.** Identity theft risks can change fast, so it's important to reassess your Program periodically. If your business experiences identity theft, if any factors change that contributed to your original assessment of low risk, or if you change your business model with respect to your accounts or your corporate structure, you will need to re-evaluate and modify your Program.

Here's how we'll keep our Program current:

1.

2.

3.

4.

*Each space holds up to 210 characters. Use an additional sheet if necessary.*

**Questions about complying with the Red Flags Rule?**

Visit [ftc.gov/redflagsrule](http://ftc.gov/redflagsrule) or email [RedFlags@ftc.gov](mailto:RedFlags@ftc.gov).

**Print a copy for your records.**

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## Application Coversheet

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_

Credit Report Ran \_\_\_\_\_

Rental Reference \_\_\_\_\_

Signed Application Policy \_\_\_\_\_

Background Check Complete \_\_\_\_\_

Proof of Income \_\_\_\_\_

Copy of Photo Id and SS Card \_\_\_\_\_

Applicant was ( ) Approved ( ) Denied

If denied, reason for denial \_\_\_\_\_

Credit Denial Letter Sent if Applicable \_\_\_\_\_

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

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**Marysville Estates Application Policy**  
**Effective April 15, 2011**

All applicants must fill out an application for residency at Marysville Estates. Everyone that will be residing in the home must be listed on the application regardless of age. All applicants and occupants 18 years of age and older will be subject to a criminal history background investigation. A person is considered an occupant if they reside in the home more than 7 days in a 30 day period. It is at our discretion which bureau, agency, reports or means we use to obtain that information.

Felony convictions are addressed as follows. Any convictions of drug-related, sex-related or violent charges within 7 years will be an automatic denial of residency. Felony convictions that do not fall within those guidelines will be sent to the Regional Manager and the decision to deny or approve will be made by him/her. Items that will be taken into account include degree, charge, length of time since conviction and criminal history since conviction.

Credit reports and previous rental history investigations will be conducted to determine the probability of rent being paid on time and in full. Prior eviction actions taken against you by previous landlords may be grounds for denial.

You must provide proof of income. Debt to income ratio may not exceed 45%.

Any false information given on an application will be automatic grounds for termination of lease and eviction actions will be taken.

**Once you are accepted for residency.**

A lease must be signed and all persons residing in the home must be listed on the lease as leaseholders or occupants. A full security deposit must be paid at time of lease signing. A copy of the manufactured home title in the leaseholders name must be presented to the office.

I have received this policy and an agent of Marysville Estates has explained this policy to me. I understand that I must adhere to this policy. I have also been given a copy of the Rules and Regulations of the community.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marysville Estates Agent

\_\_\_\_\_  
Date

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*Springfield Meadows*

May 22, 2012

Mr. and Mrs. Doe  
4100 Troy Rd #1  
Springfield OH 45502

Thank you for your recent application to Choice Finance.

Regretfully, we are unable to approve your application at this time. The denial of your application was based upon the following reason(s):

- ( ) Information contained in a consumer credit report obtained from: (See list below)
- ( ) Information obtained from a source other than a consumer reporting agency. (You have the right to disclosure of the nature of this information, if you make a written request to us within 60 days of receiving this letter. The Fair Credit Reporting Act requires that we will respond to your request within a reasonable period of time, or within 30 day of receipt of your request with respect to information received from an affiliate.)
- ( ) Other [Explanation if applicable]

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In evaluating your application, the following marked consumer reporting agency provided us with information that in whole or part influenced our decision. The consumer reporting agency did not make the decision to deny your application and cannot explain the reasons for the denial.

Trans Union PO Box 1000 Chester PA 19016 800-888-4213 [www.transunion.com](http://www.transunion.com)

YOU HAVE CERTAIN RIGHTS UNDER FEDERAL AND STATE LAW WITH RESPECT TO YOUR CREDIT REPORT. IF YOU REQUEST A COPY OF THE INFORMATION IN YOUR CREDIT FILE FROM ANY OF THE CONSUMER REPORTING AGENCIES MARKED ABOVE, WITHIN 60 DAYS OF RECEIVING THIS DENIAL, YOU ARE ENTITLED TO A FREE COPY OF YOUR REPORT. YOU HAVE THE RIGHT TO DIRECTLY DISPUTE WITH THE CONSUMER REPORTING AGENCY THE ACCURACY AND COMPLETENESS OF ANY INFORMATION FURNISHED BY THAT AGENCY.

Authorized Signature \_\_\_\_\_

**4100 Troy Rd #1 ♦ Springfield OH 45502**  
**Phone: 937-964-1711 ♦ Fax: 937-964-9878**

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