

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

**Perrel Management Company, Inc., P. O. Box 160, Suffolk, Virginia 23439**

**PART A**

Perrel Management Company, Inc. is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. Applicants requiring reasonable accommodation to the application and/or interview process should notify the manager of the Community concerned.

**Perrel Management Company, Inc. will only hire persons who are non-smokers**

---

**PLEASE PRINT AND USE BLACK INK**

---

**General Information:**

Name of Apartment Community: \_\_\_\_\_

Position desired: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Number Street City State ZIP

TELEPHONE NUMBER: Home ( ) Business ( )

Would you be known to any employer, school or reference by another name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate what name \_\_\_\_\_

If you are under 18 years in age and it is required, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

What wage/salary do you expect? \$ \_\_\_\_\_. If hired, when could you start work? \_\_\_\_\_

Are you willing to work flexible hours, which could include weekends and/or overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to meet the attendance requirements of the position? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

Names of friends or relatives working at Perrel Management Company, Inc. (List name and relationship) \_\_\_\_\_

---

The following question asks about previous Perrel Management Company employment. If you have ever worked for the company at ANY location even for one day, please mark yes." Failure to indicate previous employment may cause future termination or not allow us to consider you for employment based on falsification of employment information.

**Have you ever been employed by Perrel Management Company before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and where?**

---

The following question asks about convictions for crimes or service of probation resulting from criminal charges. If you have ever been convicted (no matter the year) please list this information. Failure to indicate this information may cause future termination or not allow us to consider you for employment.

**Have you ever been convicted of a crime (misdemeanors or felonies including any guilty, no contest or similar pleas) or served probation (as result of deferred prosecution, pretrial intervention, or other similar agreement)? Yes \_\_\_\_\_ No \_\_\_\_\_**

If "yes," give all details: (A "yes" answer does not automatically disqualify you from employment; all circumstances will be considered.)

Are you currently on layoff status, leave of absence or other suspension of employment and subject to recall with another employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", give all details: \_\_\_\_\_

Are there restrictions on the hours or days of the week that you are available for work? Yes \_\_\_\_\_ No \_\_\_\_\_. Yes If "yes", when are you available? \_\_\_\_\_

Have you ever been discharged (or terminated) by a former employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," explain: \_\_\_\_\_

Driver's license number, if driving is an essential job function: # \_\_\_\_\_ State: \_\_\_\_\_

**REFERENCES:EMPLOYMENT AND PERSONAL**

NAME	ADDRESS	TELEPHONE		EMPLOYER
		BUSINESS	HOME	
		BUSINESS		
		HOME		
		BUSINESS		
		HOME		
		BUSINESS		
		HOME		

EDUCATION:	Name and Address of School	GRADUATED		Degree/ Diploma/ Major
		YES	NO	
High School				
College				
Graduate School				
Other				

**EMPLOYMENT RECORD:** List each job held. Start with your present or last employer first. Include military service. Explain any gaps.

**If you need additional space, please continue on a separate sheet of paper.**

Job Title: \_\_\_\_\_ Date Employed – From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Hourly Rate or Wage: Starting: \$ \_\_\_\_\_ per \_\_\_\_\_. Ending: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Later \_\_\_\_\_  
 Comments: \_\_\_\_\_

\*\*\*\*\*  
 Job Title: \_\_\_\_\_ Date Employed – From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Hourly Rate or Wage: Starting: \$ \_\_\_\_\_ per \_\_\_\_\_. Ending: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Later \_\_\_\_\_  
 Comments: \_\_\_\_\_

\*\*\*\*\*  
 Job Title: \_\_\_\_\_ Date Employed – From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Hourly Rate or Wage: Starting: \$ \_\_\_\_\_ per \_\_\_\_\_. Ending: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Later \_\_\_\_\_  
 Comments: \_\_\_\_\_

# AGREEMENT

## PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that the facts set forth in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or failure to disclose information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

This application is current only for 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, I understand that it will be necessary for me to submit a new application.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. A summary of your rights regarding background checks is included at the back of this application along with the Background Check Authorization Form which must be signed and dated by you before processing this application.

If employed, I agree to conform to all Company rules and regulations. In this regard, I understand that the Company may, at its discretion, conduct searches of any Company or personal property, and I hereby consent to any such search. I also understand and agree that if employed, my employment is for an indefinite period of time, that either the Company or I may terminate my employment at will at any time, with or without cause or notice. I hereby disclaim the existence of any contract of employment, either expressed or implied.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. Perrel Management Company does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This Agreement contains and represents the entire agreement between Perrel Management Company and me concerning the topics discussed herein. There are no oral or collateral agreements of any kind concerning such topics. I further understand and agree that this Agreement cannot be orally modified and that any subsequent modification of this Agreement including the at-will status of my employment must be in writing and duly executed by the Company President or his or her designee.

**AUTHORIZATION TO RELEASE INFORMATION:** I agree and understand that Perrel Management Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment. Accordingly, I hereby authorize the previous employers and references listed in my application, or any other source contacted by the Company to give the Company any and all information concerning my previous employment, or any other information they may have, personal or otherwise. I hereby release the Company and its agents, and previous employers, and any other persons or entities whatsoever involved in such an investigation or inquiry from all liability of any kind, including any damages on account of the furnishing of such information.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Perrel Management Company, other than an authorized officer, has the authority to make any assurances to the contrary.

**NO DRUG USE POLICY:** Perrel Management Company does not hire persons who use illegal drugs. All persons seeking employment or employed at Perrel Management Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by Perrel Management Company, and further consent to have the specimen tested at a laboratory selected by Perrel Management Company. I hereby certify that I (check one) do \_\_\_\_\_ or do not \_\_\_\_\_ use illegal drugs.

**NO SMOKING POLICY:** Perrel Management Company will not hire person(s) who smoke or otherwise use tobacco products.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### **APPLICANTS UNDER 18 YEARS OF AGE**

I understand that since I am under 18 years of age the foregoing consent and authorization should be approved by my parent/legal guardian. Signature by my parent/legal guardian constitutes such approval. Signature by my parent/legal guardian also represents acknowledgement that Perrel Management Company has the authority to drug test me (if employed) in accordance with the company's Fit For Duty policy at any time during my employment.

\_\_\_\_\_  
Parent Legal Guardian Signature

Date \_\_\_\_\_

**This form is not intended to be substituted for legal advice nor does it constitute a guarantee of compliance with appropriate statutes or regulations.**

## ALCOHOL/DRUG/SUBSTANCE ABUSE POLICY

- I hereby acknowledge that I have received a copy of the Company's Alcohol/Drug/Substance Abuse Policy. I have had the opportunity to read the policy and receive satisfactory answers to any questions that I have.
- I know that total compliance with the Company's Alcohol/Drug/Substance Abuse Policy is a condition of continued employment. I agree to comply with the drug and alcohol testing requirements of the Company's policy.
- I know that if I refuse a reasonable suspicion, post-injury, post-accident, random fitness-for-duty or post-treatment drug or alcohol test, I may lose my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.
- I know that if I am injured or cause or contribute to the cause of any injury or an accident and test positive for drugs or alcohol, I will be subject to discipline up to and including discharge.
- I know that if I enter into a treatment program for drugs or alcohol abuse and test positive for drugs or alcohol following the completion of the primary phase of my treatment, I will be subject to discipline up to and including discharge.
- I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.
- I give my informed consent for the release of drug and/or alcohol test results to the Company.
- I understand that the Company's Alcohol/Drug/Substance Abuse Policy does not constitute an employment contract between the Company and me.

**I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.**

---

Employee Printed Name

---

Witness Printed Name

---

Employee Signature

---

Witness Signature

---

Date

---

Date

**PART B**

**PRIOR INJURY AND DISABILITY QUESTIONNAIRE**

(This form may be used only after a conditional offer of employment is made. Duplication of form is permissible.)

**Statement of Purpose:**

*The purpose of this questionnaire is to provide the Company with knowledge about the employee – specifically about any preexisting condition or disability. The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement, or discharge of employees; employee compensation; job training; and other terms, conditions and privileges of employment.*

Name of Employer: PERREL MANAGEMENT COMPANY, Inc. and \_\_\_\_\_ Apartments.

Name of Employee \_\_\_\_\_

Employee Social Security No. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Do you now have or have you had any of the following? **Please enter YES OR NO on the line.**

- |  |   |
|--|---|
| <input type="checkbox"/> Epilepsy (convulsions, seizures)  | <input type="checkbox"/> Chronic osteomyelitis (infection in bone)  |
| <input type="checkbox"/> Diabetes (Medication __Yes __No)  | <input type="checkbox"/> Surgical or spontaneous fusion of a major weight-bearing joint (frozen joint)  |
| <input type="checkbox"/> Cardiac (heart) disease   | <input type="checkbox"/> Hyperinsulinism  |
| <input type="checkbox"/> Meniscectomy (inflammation of cartilage of certain joints – e.g., knee)                                     | <input type="checkbox"/> Muscular dystrophy   |
| <input type="checkbox"/> Amputation of foot, leg, arm or hand  | <input type="checkbox"/> Thrombophlebitis   |
| <input type="checkbox"/> Total loss of sight of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally | <input type="checkbox"/> Herniated intervertebral disk  |
| <input type="checkbox"/> Polio (poliomyelitis)   | <input type="checkbox"/> Surgical removal of an intervertebral disk or spinal fusion  |
| <input type="checkbox"/> Cerebral palsy  | <input type="checkbox"/> Total deafness   |
| <input type="checkbox"/> Multiple sclerosis  | <input type="checkbox"/> One or more back or neck injuries or a disease process of the back or neck, substantiated by a doctor's opinion and resulting in disability over a total of 120 or more days |
| <input type="checkbox"/> Parkinson's disease   | <input type="checkbox"/> Obesity (30% overweight)   |
| <input type="checkbox"/> Patellectomy (surgically removed kneecap)   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Ruptured cruciate ligament (knee ligament)  |   |
| <input type="checkbox"/> Hemophilia  |   |

2. Have you previously received workers' compensation for the on-the-job injury? \_\_ Yes \_\_ No  
*If yes, indicate why, when and where.\** \_\_\_\_\_

3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency?  
\_\_ Yes \_\_ No *If yes, state percentage:* \_\_\_\_\_%

4. Have you ever injured or sprained you back? \_\_ Yes \_\_ No *If yes, did you have surgery?* \_\_ Yes \_\_ No  
*If yes, please give details.\** \_\_\_\_\_

5. Have you ever injured or sprained you neck? \_\_ Yes \_\_ No *If yes, did you have surgery?* \_\_ Yes \_\_ No  
*If yes, please give details.\** \_\_\_\_\_

6. Have you ever injured or sprained a knee? \_\_ Yes \_\_ No *If yes, did you have surgery?* \_\_ Yes \_\_ No  
*If yes, please give details.\** \_\_\_\_\_

7. Have you ever had any other type of surgery not mentioned above? \_\_ Yes \_\_ No *If yes, please give details.\**  
\_\_\_\_\_

8. Do you have arthritis? \_\_ Yes \_\_ No *If yes, what parts of the body are affected?\** \_\_\_\_\_  
Are you on medication for arthritis? \_\_ Yes \_\_ No

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

**\* Please use another sheet to give further explanation and detail.**

TO BE COMPLETED AFTER NOTIFICATION OF EMPLOYMENT				
DATE OF ( MONTH/DAY/YEAR) BIRTH	AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	VALID DRIVER'S LICENSE # STATE
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK	<input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER		MAIDEN NAME
GIVE THE FOLLOWING INFORMATION ABOUT YOUR FAMILY (SPOUSE, CHILDREN, PARENTS)				
NAME	ADDRESS	RELATIONSHIP	DATE OF BIRTH	
IN CASE OF ACCIDENT OR EMERGENCY NOTIFY	NAME	ADDRESS	HOME PHONE	RELATIONSHIP
DO NOT WRITE BELOW THIS LINE – FOR SUPERVISOR USE ONLY				
DATE	INTERVIEWED BY	EMPLOYED BY	DATE EMPLOYED	
EMPLOYED AS	<input type="checkbox"/> FULL - TIME <input type="checkbox"/> PART - TIME	EMPLOYMENT LOCATION	STARTING WAGE	

**Complete the W-4, VA-4 and I-9 forms once hiring agreement is approved as follows:**

**W-4 Employee's Withholding Allowance Certificate**

Download most current form from the Internet web site: [http://www.irs.ustreas.gov/pub/irs-pdf/fw4\\_03.pdf](http://www.irs.ustreas.gov/pub/irs-pdf/fw4_03.pdf)

---

**VA-4 Employees Virginia Income Tax Withholding Exemption Certificate**

Download most current form from the Internet web site: [http://www.tax.virginia.gov/web\\_pdfs/busForms/va4.pdf](http://www.tax.virginia.gov/web_pdfs/busForms/va4.pdf)

---

**I-9 Employment Eligibility Verification**

Download most current form from the Internet web site: <http://www.uscis.gov/files/form/i-9.pdf>

# BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby authorize Perrel Management Company, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

- Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, employment history and/or general reputation.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Perrel Management Company, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Perrel Management Company, Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates when Used: \_\_\_\_\_  
\_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Driver's License Number/State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, DC 20006.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is the summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are a victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every twelve (12) months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be



removed or corrected, usually within thirty (30) days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven (7) years old, or bankruptcies that are more than ten (10) years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit union also should list. In addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in Item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64108
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP)
3. Air carriers	Division of Consumer Compliance and Outreach (DCCO)
4. Creditors Subject to Surface Transportation Board	1775 Duke Street
5. Creditors Subject to Packers and Stockyards Act	Alexandria, VA 22314
6. Small Business Investment Companies	Asst. General Counsel for Aviation Enforcement & Proceedings
7. Brokers and Dealers	Department of Transportation
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	400 Seventh Street SW
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Washington, DC 20590
	Office of Proceedings, Surface Transportation Board
	Department of Transportation
	1925 K Street NW
	Washington, DC 20423
	Nearest Packers and Stockyards Administration area supervisor
	Associate Deputy Administrator for Capital Access
	United States Small Business Administration
	406 Third Street, SW, 8 <sup>th</sup> Floor
	Washington, DC 20416
	Securities and Exchange Commission
	100 F Street NE
	Washington, DC 20549
	Farm Credit Administration
	1501 Farm Credit Drive
	McLean, VA 22102-5090
	FTC Regional Office for region in which the creditor operates or
	Federal Trade Commission: Consumer Response Center – FCRA
	Washington, DC 20580
	(877) 382-4357