



RE: Identity Theft Claim

You recently notified Fay Servicing, LLC that you are the victim of identity theft with respect to the above referenced loan (also referred to in this notice as the “debt” or “account”). In order for Fay Servicing to complete a review of these claims, we require that you submit the following:

1. A copy of a police report filed with law enforcement alleging that you are the victim of an identity theft crime; and
2. The enclosed Identity Theft Victim’s Complaint and Affidavit completed with all relevant information regarding the alleged identity theft crime.

The above documentation must be sent to the following address:

Fay Servicing, LLC  
3000 Professional Dr. Suite A  
Springfield, IL 62703

Upon receipt of the above information, Fay Servicing will review and notify you in writing of its determination within 10 business days. During this time, Fay Servicing will cease all collection activity and credit reporting and, if we have reported adverse information regarding the account to any credit reporting agencies, notify those agencies that the account is disputed. **Please be advised that Fay Servicing will not initiate a review of your identity theft allegations or cease collection activity and credit reporting until all of the required information is received.**

If Fay Servicing determines that the information **does** establish that you are the victim of an identity theft crime, we will cease all further collection activity and credit reporting. If we have reported adverse information regarding the account to any credit reporting agencies, we will notify those agencies to delete that information. We will also inform the owner of your loan that the debt was obtained through an identity theft crime and that collection activities have been terminated based upon your claim of identity theft.

If Fay Servicing determines that the information **does not** establish that you are the victim of an identity theft crime, we will resume collection activity and credit reporting in accordance with applicable federal and state laws and regulations.

If you are unable to provide the required documents or have any questions, please call our toll-free number: 1-800-495-7166. Our regular business hours are 8:00 a.m. to 7:00 p.m. Monday through Thursday, 8:00 a.m. to 5:00 p.m. on Friday, and Saturday 9:00 a.m. to 12:00 p.m., Central Time.

Sincerely,

Fay Servicing, LLC

Fay Servicing is a debt collector, and information you provide to us will be used for that purpose. To the extent your original obligation was discharged, or is subject to an automatic stay under the United States Bankruptcy Code, this is being provided for informational purposes only and does not constitute an attempt to collect a debt or impose personal liability. NMLS ID No. 88244.



## Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit [identitytheft.gov](http://identitytheft.gov) to use a secure online version that you can print for your records.

### Before completing this form:

1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

### About You (the victim)

#### Now

- (1) My full legal name: \_\_\_\_\_  
First Middle Last Suffix
- (2) My date of birth: \_\_\_\_\_  
mm/dd/yyyy
- (3) My Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- (4) My driver's license: \_\_\_\_\_  
State Number
- (5) My current street address:  
 \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.  
 \_\_\_\_\_  
City State Zip Code Country
- (6) I have lived at this address since \_\_\_\_\_  
mm/yyyy
- (7) My daytime phone: (\_\_\_\_) \_\_\_\_\_  
 My evening phone: (\_\_\_\_) \_\_\_\_\_  
 My email: \_\_\_\_\_

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

#### At the Time of the Fraud

- (8) My full legal name was: \_\_\_\_\_  
First Middle Last Suffix
- (9) My address was: \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.  
 \_\_\_\_\_  
City State Zip Code Country
- (10) My daytime phone: (\_\_\_\_) \_\_\_\_\_ My evening phone: (\_\_\_\_) \_\_\_\_\_  
 My email: \_\_\_\_\_

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

**About You (the victim) (Continued)**

**Declarations**

- (11) I  did OR  did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.
- (12) I  did OR  did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- (13) I  am OR  am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

**About the Fraud**

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Suffix

Address: \_\_\_\_\_  
                                    Number & Street Name                                    Apartment, Suite, etc.

\_\_\_\_\_  
                    City                                    State                                    Zip Code                                    Country

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Additional information about this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(14):  
Enter what you know about anyone you believe was involved (even if you don't have complete information).

(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

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(14) and (15):  
Attach additional sheets as needed.

**Documentation**

(16) I can verify my identity with these documents:

- A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).  
*If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*
- Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

(16): Reminder:  
Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

**About the Information or Accounts**

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(C) \_\_\_\_\_

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

(19) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

  

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Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

  

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Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

(19):  
 If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

*Contact Person:*  
 Someone you dealt with, whom an investigator can call about this fraud.

*Account Number:*  
 The number of the credit or debit card, bank account, loan, or other account that was misused.

*Dates:* Indicate when the thief began to misuse your information and when you discovered the problem.

*Amount Obtained:*  
 For instance, the total amount purchased with the card or withdrawn from the account.

## Your Law Enforcement Report

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

Select ONE:

- I have not filed a law enforcement report.
- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

(20):  
Check "I have not..." if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable..." if you tried to file a report but law enforcement refused to take it.

*Automated report:*  
A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a face-to-face interview with a law enforcement officer.

\_\_\_\_\_  
Law Enforcement Department

\_\_\_\_\_  
State

\_\_\_\_\_  
Report Number

\_\_\_\_\_  
Filing Date (mm/dd/yyyy)

\_\_\_\_\_  
Officer's Name (please print)

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Badge Number

(\_\_\_\_) \_\_\_\_\_  
Phone Number

Did the victim receive a copy of the report from the law enforcement officer?  Yes OR  No

Victim's FTC complaint number (if available): \_\_\_\_\_

**Signature**

**As applicable, sign and date *IN THE PRESENCE OF* a law enforcement officer, a notary, or a witness.**

(21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**Your Affidavit**

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit. If someone has used your Social Security number (SSN) to get a tax refund or a job, or you suspect your SSN has been stolen, alert the IRS using Form 14039 at [www.irs.gov/pub/irs-pdf/f14039.pdf](http://www.irs.gov/pub/irs-pdf/f14039.pdf).

\_\_\_\_\_  
Notary

**Witness:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number