

Phone #

## **City of Dubuque**



## **Prospective Tenant Background Check Consent Form**

Email to: DLECrecords@cityofdubuque.org or Fax to: 563-587-3849

Fair Credit Reporting Act: https://files.consumerfinance.gov/f/201504\_cfpb\_summary\_your-rights-under-fcra.pdf

Last Name	First Name		Middle Name
Any Other Names Used			Phone Number(s)
Date of Birth	Biological Sex	Gender Identity	
Current Address:			
Three (3) Prior Addresse	es (Include City, State, Zip)	1	
1			
2			
3			
	I members eighteen (18) years or older mus	•	e, Date of Birth) tive Tenant Background Check Consent Form)
I		3	
2.		4.	
	understand what this docume		n agreeing to by signing it.
Signature Date			
relates, and Landlord agrees that or warrant the character or suitab	the decision to rent is Landlord's So ility of a tenant. The city is simply p	OLE decision. The city of Duproviding information request	ith the written instructions of the individual to whom it buque is not an agent of Landlord nor does it guarantee ted. The department reserves the right to not confirm an identity, the form may be returned for extra
To be Completed by Lar	ndlord		RESULTS
Property Agent			
Name of Property			
. ,			
Property Address (Include Apt. #)			
# of Bedrooms Fax / Email			

Date