



# City of Dubuque

## Prospective Tenant Background Check Consent Form

Email to: [DLECreords@cityofdubuque.org](mailto:DLECreords@cityofdubuque.org) or Fax to: 563-587-3849

\_\_\_\_\_  
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 Addresses** (Include City, State, Zip)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

► **Additional household members eighteen (18) years or older:** (Name, Date of Birth)

(Additional household members eighteen (18) years or older must also complete a Prospective Tenant Background Check Consent Form)

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

**Number of household members under eighteen (18) years of age:** \_\_\_\_\_

**Have you been *convicted* of a felony or a serious or aggravated misdemeanor in the past five (5) years?** \_\_\_\_\_

I hereby consent to the use of the above information to search my ***criminal history records***. I am of legal age and sign this as my own free act and deed. I understand what this document means and what I am agreeing to by signing it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**DISCLAIMER:** This information is being provided at the request of Landlord, and in accordance with the written instructions of the individual to whom it relates, and Landlord agrees that the decision to rent is Landlord's SOLE decision. The city of Dubuque is not an agent of Landlord nor does it guarantee or warrant the character or suitability of a tenant. The city is simply providing information requested. The department reserves the right to not disseminate data if a person's identity cannot be confirmed. If additional information is needed to confirm an identity, the form may be returned for extra identifying information.

**To be Completed by Landlord**

**RESULTS**

_____ Property Agent	
_____ Name of Property	
_____ Property Address (Include Apt. #)	
_____ #of Bedrooms	_____ Fax / Email
_____ Phone #	_____ Date

For Internal Use by City Only

Form Received by:	Date:	Check Completed by:	Date:
-------------------	-------	---------------------	-------