





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

Email to: DLECrecords@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	Social Security Number
Current Address:			
	es (Include City, State, Zip)		
	, , , , ,		
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•			
	members eighteen (18) years or older mus		Date of Birth)  Tenant Background Check Consent Form)
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2.			
my own free act and deed. I Signature	understand what this docume	ent means and what I am a	records. I am of legal age and sign this as agreeing to by signing it.  the written instructions of the individual to whom it
relates, and Landlord agrees that the	he decision to rent is Landlord's SO of a tenant. The city is simply provi	LE decision. The city of Dubuqu	RESULTS
Property Agent			
Name of Property			
Property Address (Include Apt. #)			
#of Bedrooms Fax / Em	 nail	_	
Phone #	Date		
Phone # For Internal Use by City Only			