

INFORMED CONSENT CRIMINAL BACKGROUND CHECK

To be used in conjunction with tenant screening for Minnesota Crime Free Multi-Housing Applicant and Rental Housing Ordinance

A search of the Janesville Police Department, Waseca County Sheriff's Department, Minnesota State Criminal Records, other state records repositories, and/or Federal Bureau of Investigation's Criminal Justice Information files will be performed on you, pursuant with the lease agreement of the apartment complex to which you are applying. If you do not agree to sign this form, you will not be eligible to be accepted into the apartment complex to which you are applying. By signing this form you are allowing:

(Name of requesting Landlord/Building Name)

(Prospective Address)

To any criminal data maintained in those files which applies under MN statutes and Janesville City Ordinance.

****A fee of \$15.00 will be charged for this process and a copy of your Driver's License is required****

1. You have the right to be informed that _____ is requesting a criminal background check to determine if you have been convicted of a crime specified in MSA 299C.67
2. You have the right to be informed by _____ of the results of a criminal background check and to obtain a copy of the results from _____.
- 3.. You have a right to obtain from the Janesville Police department, Waseca County Sheriff's Department , and/or the MN. Bureau of Criminal Apprehension, any records that form the basis for the report obtained by _____
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under MSA13.04(4)
5. You have the right to be informed by _____ if your acceptance to has been denied because of the results of this background check.

Applicant Information- please print clearly

Last Name First Name Middle Name Date of Birth

Have you ever been known by another name? (Maiden, Birth, Nickname, Alias, etc.) Yes _____ No _____

If yes list all _____

Current Address Apt. # City State Zip County

(No P.O. Box/Physical address)

Gender: Male _____ Female _____ (Telephone number) _____

Social Security # _____

Have you lived in Minnesota for the past ten years ? Yes _____ No _____

List prior address if different than current address: _____

Address Apt # City State Zip County

Driver's License Number : _____ State _____

I certify and acknowledge that all statements and information provided above are accurate and true to the best of my knowledge and understand that providing false or incomplete information regarding the above background will remove me from eligibility to be accepted into the apartment complex for which I am applying. A search of the above record agencies will be performed on you. By signing this form, you are allowing the above company/individual to access any criminal data maintained in these files. I also understand that I will be charged any fees listed above for conducting this background check.

Date _____ / _____ / _____

Signed _____

Send results to the following _____

Potential Landlord address _____

This release will be effective for ONE (1) year from date signed

#15.00 Fee