

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 Waseca Police Department, Minnesota State Criminal Records, other state record repositories, and/or the 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)

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

A fee of \$15⁰⁰ will be charged for this process

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 299.67(2)
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 the right to obtain from the Waseca Police Department, Waseca County Sheriff's Department, and or the MN Bureau of Criminal Apprehension, any records that forms the basis for the report obtained by _____.
4. You have the right to challenge accuracy and completeness of information contained in the report or record under MSA 13.04(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

Gender: Male _____ Female _____

Race: _____

Phone: _____

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 I will be charged any fees listed above for conducting this background check.

I authorize this background check to be done.

Signed: _____

Date: ____/____/____

Subscribed and sworn before me on this

Send results to the following _____

_____ day of _____ 20____

potential landlord address: _____

Notary Public

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

CFMH Background