



City of Dubuque

Prospective Tenant Background Check Consent Form

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

F	irst Name		Middle Name
ast Name	ii ot italiio		
ny Other Names Used			Phone Number(s)
eate of Birth Biolog	gical Sex	Gender Identity	•
ate of Shan			
Current Address:	0(-t- 7im)		
hree (3) Prior Addresses (Include Cit			•
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2.			
3.			
► Additional household members ei Additional household members eighteen (18) ye	ghteen (18) ya ars or older must	ears or older: (Name also complete a Prospective	, Date of Birth) re Tenant Background Check Consent Form)
1.		3	
2.			
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