

DAVENPORT POLICE DEPARTMENT LANDLORD BACKGROUND CHECK

Name: _____
Last First Middle Initial

Social Security #: _____ - _____ - _____ D.O.B. ____/____/____

Phone: _____ Alternate Phone: _____

Current Address: _____
Street # City State Zip code

Rent: [] Own: [] Living with Family Member: []

If Renting, Name of Current Landlord: _____ Phone: _____

List all aliases: _____

List any co-applicants: _____

List any children who will be living in the household.

Child 1: _____ Child 2: _____ Child 3: _____

D.O.B.: _____ D.O.B.: _____ D.O.B.: _____

Child 4: _____ Child 5: _____ Child 6: _____

D.O.B.: _____ D.O.B.: _____ D.O.B.: _____

Current Employer: _____

Address: _____ Phone: _____

Street # City State Zip code

Please list any additional information you feel is relevant: _____

I authorize the release and verification of all information needed to complete a full background report including criminal and consumer credit report.

Applicant (Print Name) Date _____

Applicant (Signature) Date _____

NOTE: *All fields must be completed in full or request will not be processed.*****

This information is being provided at the request of Landlord and Landlord agrees that the decision to rent is the Landlord's SOLE decision. The city of Davenport 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.

Property Agent Date _____

Vera French Housing

Name of Property _____

Property Address _____

563-445-7977

Phone

563-445-4349

Fax

Please return to the Crime Prevention Unit, Davenport Police Department Fax# 563-888-2081.Fax