



Albert Lea Housing & Redevelopment Authority
800 4th Ave South
Albert Lea, MN 56007
Phone: (507) 377-4375 Fax: (507) 373-991

CONSENT FOR BACKGROUND CHECK

As an applicant(s) for the rental or lease of housing, I/We understand that a background check will be submitted for my personal information to ONLINE Rental Exchange. (All adults 18 years or older please fill out the following information):

Applicant Name	Maiden, Alias, or Former Name	Middle Name	Social Security Number	Date of Birth	Driver's License & State
Current Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Move-in Date	Move-out Date	Landlord/Mortgage Company Name	Landlord/Mortgage Company Phone Number

☐ Yes ☐ No Have you ever been evicted from any residence?

☐ Yes ☐ No Have you ever been convicted of a felony offense?

☐ Yes ☐ No Do you have any criminal charges pending?

☐ Yes ☐ No Do you have any pets? If yes, please describe:

Co-Applicant Name	Maiden, Alias, or Former Name	Middle Name	Social Security Number	Date of Birth	Driver's License & State
Current Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Move-in Date	Move-out Date	Landlord/Mortgage Company Name	Landlord/Mortgage Company Phone Number

☐ Yes ☐ No Have you ever been evicted from any residence?

☐ Yes ☐ No Have you ever been convicted of a felony offense?

☐ Yes ☐ No Do you have any criminal charges pending?

☐ Yes ☐ No Do you have any pets? If yes, please describe:

Other Adult Applicant Name	Maiden, Alias, or Former Name	Middle Name	Social Security Number	Date of Birth	Driver's License & State
Current Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Move-in Date	Move-out Date	Landlord/Mortgage Company Name	Landlord/Mortgage Company Phone Number

☐ Yes ☐ No Have you ever been evicted from any residence?

☐ Yes ☐ No Have you ever been convicted of a felony offense?

☐ Yes ☐ No Do you have any criminal charges pending?

☐ Yes ☐ No Do you have any pets? If yes, please describe:

Albert Lea Housing & Redevelopment Authority
800 4th Ave South
Albert Lea, MN 56007
Phone: (507) 377-4375 Fax: (507) 373-991

CONSENT FOR BACKGROUND CHECK

Upon signing, the applicant(s) recognizes that an investigative report will be prepared whereby information is obtained through interview, credit report, and criminal check. This includes information as to your character, general reputation, credit, and mode of living. This application may be declined as a result of any misrepresentation or insufficient information or as a result of an incomplete application.

☐ I/We hereby acknowledge and give permission to the Albert Lea Housing and Redevelopment Authority to submit a background check for my information to ONLINE Rental Exchange. This authorization is valid for one year from the date of my/our signature. I/We may withdraw this authorization at any time by providing the Albert Lea Housing and Redevelopment Authority with written notice of my/our intent to withdraw consent for a background check.

Signature of Applicant: _____

Date: _____

The expiration of this authorization shall be one year from the date of my signature.

Signature of Co-Applicant: _____

Date: _____

The expiration of this authorization shall be one year from the date of my signature.

Signature of Other Adult Applicant: _____

Date: _____

The expiration of this authorization shall be one year from the date of my signature.