

IVY Apartments / MJ Property Management, LLC  
1510 9<sup>th</sup> Avenue South Apartment 102  
Saint Cloud, MN 56301

Phone: 320-259-9673 E-mail: scsuhousing@ivyapartments.com

## CRIMINAL BACKGROUND CHECK CONSENT FORM

Applicant: \_\_\_\_\_  
(PLEASE PRINT)

**A local records check of the St. Cloud Police Department, any Minnesota county court, and a search of the Minnesota State Criminal Records and/or the Federal Bureau of Investigations Criminal Justice Information files will be performed on you, pursuant with the lease agreement of the apartment complex to which you are applying. By signing this form you are allowing the St. Cloud Police Department to release the criminal data maintained in those files, which applies under statutes & ordinance.**

1. You have the right to be informed that **Ivy Investment Partners** is requesting a criminal background check to determine if you have been convicted of a crime.
2. You have the right to be informed by **Ivy Investment Partners** of the results of a Criminal Background check and to obtain a copy of the results.
3. You have the right to obtain from St. Cloud Police Department, any Minnesota county court and/or The Bureau of Criminal Apprehension, any records that forms the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub.4.
5. You have the right to be informed by **Ivy Investment Partners** if your application for acceptance has been denied because of the results of this Background Check.

### ***Application Information- Please Print Clearly***

\_\_\_\_\_  
Last Name First Name Middle Name

Have you ever been known by another name? Maiden, Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

Driver Lic.# \_\_\_\_\_ State: \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
Current Address Apt # City State & Zip County

Have you lived in Minnesota for at least the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list complete

\_\_\_\_\_  
Prior Address Apt # City State & Zip County

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**All applicants eighteen (18) years of age and older must fill out an individual background form.**

\_\_\_\_\_  
Notary Public