



CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that **TRIPAR ESTATES PARK & RECREATION DISTRICT** (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404 at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

Date Signed (mm/dd/yyyy)	
Applicant Name (PRINT)	Applicant Name (SIGNATURE)

Background Screening Information Form

Basic Information

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

6. As of the date of this authorization, do you have any pending criminal charges against you? YES
NO If YES, Please provide an explanation below:

7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide
an explanation below:

Address History Please provide a complete address history for the past 5 years.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the cancellation of any or all offers of occupancy that may exist and may be used at the discretion of TRI-PAR ESTATES PARK AND RECREATION DISTRICT.

Signed this _____ day of _____, 20 _____

Applicant (Print Name):
Applicant Signature:

TRIPAR ESTATES PARK & RECREATIONS DISTRICT
Acknowledgement

APPLICANT(S) HEREBY ACKNOWLEDGES THAT ALL FAMILY, GUESTS, AND INVITEES, SHALL BE HELD RESPONSIBLE FOR COMPLIANCE WITH ALL OF THE RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS, INCLUDING, BUT NOT LIMITED TO, RESTRICTIONS CONCERNING THE USE OF A DWELLING UNIT AS A SINGLE FAMILY RESIDENCE BY NOT MORE THAN TWO PERSONS (WITHOUT SPECIAL PERMISSION OF THE BOARD OF TRUSTEES), AND RESTRICTIONS CONCERNING THE AGES OF OCCUPANTS.

THE UNDERSIGNED ACKNOWLEDGES THAT THE APPROVAL OF THE BOARD OF TRUSTEES WITH RESPECT TO THE APPLICANT'S PROPOSED PURCHASE OF PROPERTY IN TRIPAR ESTATES PARK & RECREATION DISTRICT IS CONDITIONED UPON THE UNDERSIGNED'S AGREEMENT TO ABIDE BY AND COMPLY WITH THE ABOVE-DESCRIBED RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS AS PRESENTLY CONSTITUTED AND AS THE SAME MAY BE HERREAFTER AMENDED FROM TIME TO TIME.

UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARED, SWEARS AND AFFIRMS THAT THE UNDERSIGNED HAS EXAMINED THE FOREGOING APPLICATION, AND TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Applicant	Date:
Signature of Co-Applicant	Date:
Witness's Signature	

STATE OF _____

COUNTY OF _____

The foregoing Certificate was acknowledged before me this _____ day of _____, 20____.

By _____, who

(NOTARY CHOOSE ONE)

☐ is/are personally known to me, or

☐ has produced identification _____

Signature of Notary Public

Print name of Notary Public, affix seal and state
Notary's commission number and expiration date