

Office Location:

58 Main Street Oakland, ME 04963

Property: Application Fee: \$ Rental Amount: \$ Status:						
ADDI LOANT		Rental	Applicat	ion		
<u>APPLICANT</u>						
First:	MI.	Las	st:			Phone:
Mailing Address:			City:			Zip:
First: Mailing Address: Driver's License Number:		DOF	B:		SS#:	•
Email Address:						
Employer:			Supervisor:			Phone:
Employer Address:			·			
Employer Address: Length of Employment:		Wag	je: \$	Per	Position:	
Previous Employer:						
Address:						
Length of Employment:	Wage:	Per	Position			
Additional Income:		Source:				
CO-APPLICANT						
First:		MI	Last:			Phone:
Mailing Address:			City:			Zip:
Mailing Address: Driver's License Number:		D	OB:		SS#:	-
Email Address:						
Employer:			Supervisor:			Phone:
Employer Address:						
Length of Employment:		Wag	је: \$	Per	Position:	
Previous Employer						

Jayne Roberge: 207-649-6096

Cathy Matthews: 207-649-0597 E-mail: spectrumofmaine@gmail.com

Fax: 207-512-1123

E-Mail: info@spectrumpropertiesofmaine.com

List of names of all occupants to live in the property:

Name	Relationship	Age	S.S. # (if over 18)

Length of Employment: _____ Wage: ____ Per ____ Position: ____ Additional Income: ______ Source: ______

List of pets and what breed:					
*Spayed/Neutered? YES NO *Recent Veterinarian Records? YES NO					
How many smokers in the home:					
Current Landlord:	How long? Phone: Rental Amount:				
Previous Landlord:	How long? Phone: Rental Amount:				
Current Landlord:	How long? Phone: Rental Amount:				
Previous Landlord:	How long? Phone: Rental Amount:				
APPLICANT REFERENCES NO PERSONAL REFERENCES Name: Phone: Relationship:					
APPLICANT REFERENCES EMPLOYMENT Name: Relationship:	Address: Known how long?				
CO-APPLICANT NO PERSONAL REFERENCES Name: Relationship:	Address: Known how long?				
CO-APPLICANT EMPLOYMENT REFERENCES Name: Relationship:	Address: Known how long?				
VEHICLES OWNED					
Make:	l: Year: Plate #: l: Year: Plate #:				
BANKING INSTITUTION Financial Institution:	Checking Savings				
Have you ever: Filed bankruptcy: YES NO Been evicted Been convicted of illegal manufacture or distribution of	: YES NO Intentionally refused to pay rent: YES NO of a controlled substance? YES NO				
If you answered YES to any of these questions, please	e explain:				

	Tenant Release and Consent	
the categories listed below to release information on my/our apartment rer	and the undersigned he information regarding employment, income an atal application. I/we authorize release of informmunity listed below, and/or the state housing	nd/or assets for purposes of verifying mation without liability to the
INFORMATION COVERED		
be requested include but are not limi	current information regarding we/us may be reted to: personal identify, student status, emploat this authorization cannot be used to obtain inticipation as Qualified Tenant.	syment income, assets, and medical or child
GROUPS OR INDIVIDUALS THAT	MAY BE ASKED	
The groups or individuals that may b	e asked to release the above information include	de, but are not limited to:
Past & Present Employers Support & Alimony Providers Educational Instructions Banks/Financial Institutions Public Housing Agencies	Welfare Agencies State Unemployment Agencies Social Security Administration Previous Landlords Criminal Background Check	Veterans Administration Retirement Systems Medical Providers Child Care Providers Credit Check
CONDITIONS		
	authorization may be used for the purposes sta year and one month from the date signed. I/W hat is incorrect.	
MANAGEMENT LLC VERIFICATIO JUDGEMENT AND/OR CRIMINAL	FORMATION IS TRUE AND CORRECT. I AU ON AND THE OBTAINING OF A CONSUMER HISTORY AND I FURTHER UNDERSTAND MEDIATE EVICTION AND INVALIDATION	R CREDIT REPORT, EVICTION O THAT ANY FALSE STATEMENT WILL
refundable application fee will begin. Valid identifi	e applications may result in a delay of \$25 per person. Once funds are ication is required as well as a mor oucher program you are affiliated v acceptance letter you receive	received the application process of the worth of pay stubs for all with we would need a copy of the
Applicant:		Date:
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