

Office Location:

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Spectrum does not discriminate based on race, color, sex, sexual orientation, physical or mental disability, religion, national origin or familial statue. Tenants agree to report any discrimination or alleged discrimination by Spectrum's employees or agents, or by other tenants to Spectrum promptly IN WRITING.

Property:	Applic	ation Fee: \$	Rental Amount: \$		
APPLICANT	Rental Ap	plication			
AFF LICANT					
First:	MI Last: _		Phone	e:	
Mailing Address:	City_		State	ZipCode	
Oriver's License Number:	DOB: _		SS#:		
Email Address:					
Employer:	Sup	ervisor:	Phone:		
Employer:Employer Address:	City	<u></u>	Sta	State ZipCode	
Length of Employment:	Wage: 9	\$ per	Position:		
Previous Employer:					
Address:	City	<i>,</i>	State	e ZipCode	
Length of Employment: Wage:	Per	Position:			
Additional Income:					
CO-APPLICANT					
First:	MI. Last	:	Phone:		
First: Mailing Address:	City_		State	ZipCode_	
Oriver's License Number:	DÓB:		SS#:		
Email Address:					
Emplover:	Super	visor:	Phone:		
Employer Address:	Cit	у	State ZipCode		
Length of Employment:	Wage: 9	per	Position:		
Previous Employer:					
Address:		City	State	ZipCode	
ength of Employment: Wage:	Per	Position:			
Additional Income:					
List of names of all occupants to live in th	ne property:				
Name	Rel	ationship	Age	S.S. # (if over 18)	
			1.95	(

List of pets and what breed:	*Spayed/N	Neutered? YES	NO *Recent Veter	inarian R	ecords? YES NO	
How many smokers in the home:						
Current Address (Applicant)	Cit	tv	State	Z	ip Code	
Current Landlord:	Phone:	-7		How long	i?	
Reason for leaving:						
Email Address:						
Previous address (Applicant)				te	Zip Code	
Previous Landlord:	Phone:	_ ,		How lor	 ng?	
Reason for leaving:			Rental Amo	unt:	5	
Email Address:						
Current Address (Co-Applicant) _		Citv	Sta	te	Zip Code	
Current Landlord:	Phone	/ :		How Ion	ia?	
Reason for leaving:			Rental Ar	nount:	· 9 ·	
Email Address:						
Previous address (Co-Applicant) _			Sta	te Z	ip Code	
Previous Landlord:	F	hone:		How	long?	
Reason for leaving:			Rental Ar	mount:	- J	
Email Address:						
APPLICANT REFERENCES (NO PE						
Name:	Address:	C	ityS	State	Zip Code	
Phone:	Relationship:		Known how long?			
Email Address:						
APPLICANT EMPLOYMENT REFER						
Name:	Address:	City		State	Zip Code	
Phone:			Known how long?			
Email Address:						
CO-APPLICANT REFERENCES (NC		C''		C	7: 6 1	
Name:	Address:	Cit	У	_State	Zip Code	
Phone:	Relationship:		Known how long?			
Email Address:						
CO-APPLICANT EMPLOYMENT RE				.	7 . 6 l	
Name:	Address:	City		State	Zip Code	
Phone:	Relationship:		Known how long?			
Email Address:						
VEHICLES OWNED	Madal.		V	Dlate	. 4.	
Make:	Model:			Plate	: #:	
Make:	Model:		Year:	Plate	e #:	
BANKING INSTITUTION Financial Institution:			Checking	g	Savings	
					5 ————	
Have you ever: Filed bankruptcy: YES NO E	Been evicted: YES NO Intentio	nally refused to	pay rent: YES	NO		
Been convicted of illegal manufacture or distribution of a controlled substance? YES NO						
Been convicted of a criminal/Felo	ny offence? YES NO					
Used another name or alias? If you answered YES to any of the						

Tenant Release and Consent

	Tenant Release and Consent	
the categories listed below to release	and the undersigned he information regarding employment, income and application. I/we authorize release of inform	
INFORMATION COVERED		
requested include but are not limited	rrent information regarding we/us may be need to: personal identify, student status, employm is authorization cannot be used to obtain inforr articipation as a Qualified Tenant.	ent income, assets, and medical or child care
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		
The original of this authorize	py of the authorization may be use zation is on file and will stay in effort each at I/We have the right to take.	ect for a year and one month
application fee of \$25 per persidentification is required as we	cations may result in a delay in process on. Once funds are received the applica Il as a months worth of pay stubs for a n we would need a copy of the acceptal	ation process will begin. Valid ll applicants. If you have a voucher
SPECTRUM PROPERTY MAN CONSUMER CREDIT REPOR FURTHER UNDERSTAND TH	ABOVE INFORMATION IS TRUE AND AGEMENT LLC VERIFICATION AND ATT, EVICTION JUDGEMENT AND OF ANY LEASE OF THE ANY LEASE OF THE AREA OF THE AR	D THE OBTAINING OF A R CRIMINAL HISTORY AND I CONSTITUTE GROUNDS FOR
Applicant:		Date:
Co-Applicant:		Date:
*********	*************	**********