

CAUSE SHE SAID SO LLC
Property Owners & Management

Linda Sproul
(207)944-7820

Nicole Sproul
(207)949-1403

www.RentCentralMaine.com

Info@RentCentralMaine.com

Applicant Information:

Name:		Date of Birth:	
Home Phone #:	Work Phone #:	Cell Phone #:	
Email:		Social Security #:	

Other Occupants:

	Name:	Age:	Relationship to Applicant:	Smoker? Y/N
1				
2				
3				
4				

Pets:

	Breed:	Age:	Spayed/Neutered? Y/N	Indoor/Outdoor	Rental References? Y/N
1					
2					
3					

How did you hear about this apartment? _____

Residency History:

Current Address:		
Current Landlord:		Current Landlord Contact #:
Start of Lease:	Date Vacated:	Did you stay for term of lease?
Reason for moving:		Were you ever late paying rent?
Rent Paid:	Utilities Paid:	Do you owe past rent?

Previous Address:		
Previous Landlord:		Previous Landlord Contact #:
Start of Lease:	Date Vacated:	Did you stay for term of lease?
Reason for moving:		Were you ever late paying rent?
Rent Paid:	Utilities Paid:	Do you owe past rent?

Employment

Employed Full-Time, Part-Time or Student:	
Address of Employment:	
Contact Person and #:	
Date Employed From:	Date Employed To:
Position:	Gross Monthly Wage:

Please Note: Other sources of income that we consider would include child support, alimony, part time/seasonal employment, spouse's/roommate's income, VA benefits/aid, and student loans/grants. Please also note that we do not recognize housing assistance programs as other sources of income. Please list any additional income here:

Source of Income	Amount	How Often Received	Contact #

Current Debt:

Type of Loan	Payment	Debt Owed	Bank/Financial Institution	Late Payments?

Vehicles:

Year, Make & Model	License # & State	Color

AUTHORIZATION: In considering the application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and completed. By signing this application you verify its accuracy and you authorize management to contact any references that you have listed, any present or prior landlords, employers, credit bureaus, law enforcement agencies and/or Consumer reporting information and records for the purpose of verifying, recording, and/or confirming any information and records. I authorize and consent to the release and recording of this information and hereby release the above and their agents and employees from any and all liability and responsibility for their doing so.

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

VERIFICATION OF RESIDENCY HISTORY
Conventional Applicants
TO BE COMPLETED BY PREVIOUS LANDLORD

Date Information Requested: _____

To: _____
Tel. _____
Fax _____
Email _____

From: Cause She Said So Property Owners & Mgmt.
(207)944-7820 Linda or (207)949-1403 Nicole
Email: CauseSheSaid2@aol.com

The information below is requested for: _____ who has been renting property at _____ . This individual(s) has applied for residency from the above established business.

Information Requested:

1. How long has/did the referenced individual reside at this address? _____
2. To your knowledge, how many occupants live at this address? _____
3. What was the monthly rent? Utilities included? _____
4. Was the referenced individual(s) ever late paying rent? _____
5. Did referenced individual(s) have any payments returned for non-sufficient funds? _____
6. If referenced individual has vacated, did they leave the residence in acceptable condition? _____
7. Did referenced individual(s) provide proper notice to vacate? _____
8. Did referenced individual(s) break their lease? _____
9. Did referenced individual(s) have any lease violations during their residency? _____
If yes, please explain _____
10. If applicable, were there any noted problems with the referenced individual(s) pet(s) (such as noise, smell, damage, etc.)? _____
11. Would you re-rent to referenced individual(s) again? _____

Additional Comments: _____

PRINT NAME & TITLE OF PERSON SUPPLYING INFORMATION

NAME OF COMPANY SUPPLYING INFORMATION

SIGNATURE OF PERSONAL SUPPLYING INFORMATION & DATE

TELEPHONE NUMBER

I, _____, hereby authorize the release of the information requested.
PRINT NAME OF RELEASING PARTY

APPLICANT'S SIGNATURE & DATE