

CAUSE SHE SAID SO LLC
Property Owners & Management

Linda Sproul
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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: _____