



RENTAL APPLICATION

Please complete and return the form to:

**APM
19 South Street #5
Portland, ME 04101
(207) 650-9686**

Fax: (207) 772-6554

Property Address:

Applicant's full name _____ Maiden Name _____

Phone #1 _____ Phone #2 _____

DOB _____ Social Security # _____

Drivers License # _____ State _____ Exp. _____

Current Address _____

City _____ State _____ Zip _____

Current Landlords Name _____ Landlords Phone # _____

How long at this address _____ Reason for leaving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlords Name _____ Phone # _____

How long at this address _____ Reason for leaving _____

Auto Yr _____ Make _____ Model _____ State/License Plate # _____

Present#1 Employer _____ Position _____

Mo. Income _____

Phone # _____ How long at job _____ Other income/source _____

Employers Address _____ City _____ State _____

Present Employer #2 _____ Position _____

Mo. Income _____

Phone # _____ How long at job _____ Other income/source _____

Employers Address _____ City _____ State _____

Previous Employer _____ Position _____ Mo. _____

Phone # _____ How long at job _____

Employers Address _____ City _____ State _____

Number and type of Pets _____ Have you ever been party to an eviction? [] Yes [] No

Name of bank _____ Branch _____ Type of Account _____

Name of bank _____ Branch _____ Type of Account _____

Personal References

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Total number of adults _____ Total number of children living with you under the age of 18 _____

Names and relations of all other applicants _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____ Date _____

Received from applicant the non-refundable sum of \$ _____ dollars to pay for tenant screening service