

## PERSONAL INFORMATION

## Adult Applicant

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Applicant's Spouse (if applicable)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Dependents

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

## RENTAL HISTORY

Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Landlord / Manager \_\_\_\_\_ Phone \_\_\_\_\_

\*\* If you have been at your current address for less than one year...

Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Landlord / Manager \_\_\_\_\_ Phone \_\_\_\_\_

## PETS

Do you have any pets? If so, please provide the following information about them.

What type of animal ? \_\_\_\_\_ Breed \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_  
Spayed/Neutered ? \_\_\_\_\_ Declawed ? (cats only) \_\_\_\_\_ Litter Trained ? \_\_\_\_\_

What type of animal ? \_\_\_\_\_ Breed \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_  
Spayed/Neutered ? \_\_\_\_\_ Declawed ? (cats only) \_\_\_\_\_ Litter Trained ? \_\_\_\_\_

## EMPLOYMENT HISTORY

Present Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
How long at this job? \_\_\_\_\_ Income/Wages \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Present Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
How long at this job? \_\_\_\_\_ Income/Wages \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

\*\* If you've been with your current employer for less than 1 year

Previous Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
How long at this job? \_\_\_\_\_ Income/Wages \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

## PERSONAL REFERENCES

Reference Name	_____	Relationship	_____
Phone	_____	Occupation	_____
Length of Acquaintance	_____		

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Phone	_____	Occupation	_____
Length of Acquaintance	_____		

## VEHICLE INFORMATION

Year	_____	Color	_____	Make	_____	Model	_____
License Plate Number	_____		State	_____			
Insurance Company	_____			Policy Number	_____		

Year	_____	Color	_____	Make	_____	Model	_____
License Plate Number	_____		State	_____			
Insurance Company	_____			Policy Number	_____		

## EMERGENCY CONTACT

Contact's Name	_____			Relationship	_____		
Street Address	_____						
City	_____		State	_____	Zip	_____	
Daytime Phone	_____			Evening Phone	_____		



## APPLICANT'S SIGNATURE

By signing, the applicant declares that all of the above information is true and complete. The applicant also authorizes authentication of this information by such verification methods including, but not limited to, credit reports and a criminal background check. Contact with any of the above references, landlords, employers, or other listed individuals is also authorized. Further information may be requested if necessary.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail to: David Pare 29 Chapel St. Augusta, ME 04330	Scan & Email to:  dp.pare@gmail.com	Fax to:  (425) 930-4449
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