

DOL LLC/Roxanne Lagace Trust
128 State Street
Augusta, Maine 04330
Tel: (207) 622-7332 Fax: (207) 622-7320

RESIDENTIAL RENTAL APPLICATION

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number _____ located at _____

Beginning on _____, at a monthly rental of \$ _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ PHONE () _____

Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____

CO-APPLICANT _____ Relationship _____ Phone () _____

Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____

Names and Ages of All Other Occupants _____

_____ Total Number of Occupants _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 5 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____ Monthly Payment _____

PREVIOUS ADDRESS (If Within Three Years) _____

Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

PREVIOUS ADDRESS (If Within Three Years) _____

Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

PLEASE GIVE US YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed

CURRENT EMPLOYER (Or Most Recent) _____

Address _____ Phone () _____

CONTINUED OVER

Dates Employed/From _____ To _____ Position _____

Supervisor _____ Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____

PREVIOUS EMPLOYER _____

Address _____ Phone () _____

Dates Employed/From _____ To _____ Position _____ Supervisor _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK (S)	City-State/Branch	Acct. Number & Type	Telephone
YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone

TOTAL NUMBER OF VEHICLES _____

Make/Model _____ Year _____ Color _____ Plate #/ State _____

Make/Model _____ Year _____ Color _____ Plate #/ State _____

Other Car, Motorcycle, etc. _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

Please give any additional information that might help to evaluate your application: _____

Day Phone _____ Night Phone _____

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD (S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date _____

Signature of Co- Applicant _____ Date _____