

 **Foreside**
Real Estate Management, Inc

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Jeff Martin, President

RENTAL APPLICATION

PLEASE ENCLOSE A \$35.00 (PER APPLICANT) PROCESSING FEE. APPLICATIONS WITHOUT THE FEE WILL NOT BE PROCESSED.

Property: _____

Applicant Name: _____ **SS #:** _____

Date of Birth _____

Street Address: _____ City: _____ State: ___ Zip: _____

PO Box Address: _____ City: _____ State: ___ Zip: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Co-Applicant: _____ **SS #** _____

Date of Birth: _____

Email Address: _____

Number of Dependents: _____ Ages: _____

Other Occupants and Their Relationship: _____

CURRENT RESIDENCE: Rented: _____ Owned: _____ How Long? _____ Pmt/Mo.: \$ _____

Name of Landlord/Mortgage Holder: _____ Tel. #: _____

Reason for Leaving: _____

FORMER LANDLORD:

Applicant: Name: _____ Tel. #: _____ Rental Amount: \$ _____

Apt. Address: _____

Dates Rented: From _____ To _____ Reason for Leaving: _____

Co-Applicant: Name: _____ Tel. #: _____ Rental Amount: \$ _____

Apt. Address: _____

Dates Rented: From _____ To _____ Reason for Leaving: _____



EMPLOYMENT:

Applicant: Name: _____ Tel. #: _____
Address: _____
City: _____ State: _____ Zip: _____
Position: _____ How Long: _____
Gross Earnings: \$ _____ Supervisor: _____

Co-Applicant: Name: _____ Tel. #: _____
Address: _____
City: _____ State: _____ Zip: _____
Position: _____ How Long: _____
Gross Earnings: \$ _____ Supervisor: _____

Have you ever: filed for bankruptcy? Yes No
been evicted from tenancy? Yes No
willfully or intentionally refused to pay rent when due? Yes No

Explain: _____

I authorize Tenant-Net, Inc. to pull my personal credit report, to contact any companies, individuals, government entities, and/or consumer or credit reporting bureaus for the purposes of verifying information herein, reporting on any past criminal, credit and rental history, and providing any and all such information including this application to the herein above referenced Owner/Manager.

I also authorize and consent to the permanent recording and retention by Tenant-Net, Inc. of this application. However, this application and the information herein may only be re-published and released upon my subsequent written or electronic authorization and only to a third party I specifically designate. I release and hold Tenant-Net harmless from any and all liability for said acts provided these conditions are met.

I herein swear and affirm the information contained in this application is true and complete. I understand that material misstatements or misrepresentations herein may serve as a basis to deny my application, and could be deemed a possible breach of any lease I might subsequently enter.

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____

Credit Card Authorization-

I authorize Foreside Real Estate Management Inc. to charge my credit card for my application fee.

Master Card _____ Visa _____ Discover _____
Credit Card Number _____
Exp. Date _____ CBV # _____

Billing Address _____

Signature: _____



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Real Estate Management, Inc

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the department of Housing and Urban Development (HUD) Rural Development (RD) administering and enforcing program rules and policies. I also consent for HUD/RD or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identify and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit
Residence and Rental Activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

Previous Landlords (including Public Housing Agencies) Courts and Post Offices School and Colleges Law Enforcement Agencies Medical and Child Care Providers Retirement Systems Utility Companies Credit Providers and Credit Bureaus	Past and Present Employers Welfare Agencies State Unemployment Agencies Social Security Administration Support and Alimony Providers Veterans Administrations Banks and other Financial Institutions
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I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____ Head of Household (Signature)	_____ Print Name	_____ Date
_____ Spouse (Signature)	_____ Print Name	_____ Date
_____ Adult Member (Signature)	_____ Print Name	_____ Date
_____ Adult Member (Signature)	_____ Print Name	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF TAX RETURN IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

