

 **Foreside**  
Real Estate Management, Inc

202 U.S. Route 1 Suite 206 Falmouth, ME 04105  
Tel. (207) 775-2325/1-800-675-0808/Fax (207) 775-1196/ Toll Free (800) 675-0808/TDD 711

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: \_\_\_\_\_



# Foreside

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.

