

PERSONAL INFORMATION

Adult #1

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

Adult #2 – For Spouse Only

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

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 ? \_\_\_\_\_

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

EMPLOYMENT HISTORY

Present Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Month/Year of Hire \_\_\_\_\_ Wages/Income \_\_\_\_\_

\*\* If you've been with your current employer for less than 2 years

Previous Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Month/Year of Hire \_\_\_\_\_ Wages/Income \_\_\_\_\_

PERSONAL REFERENCES

Reference Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Acquaintance \_\_\_\_\_ Occupation \_\_\_\_\_

Reference Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Acquaintance \_\_\_\_\_ Occupation \_\_\_\_\_

Reference Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Acquaintance \_\_\_\_\_ Occupation \_\_\_\_\_

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 \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Plate Number \_\_\_\_\_ State \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

EMERGENCY CONTACT

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

PERSONAL HISTORY

	YES	NO
Do you smoke? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been evicted? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed for Bankruptcy? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime? (Class A – E) .....	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\* Answering YES to any of the above questions does not disqualify you as a potential candidate.  
 If you have answered yes to any of the above questions, please explain in the space available below \*\*\*

PERSONAL STATEMENT

You can use this space to convey any information that you feel is pertinent or to elaborate on any of the above questions. This space can also be used to elaborate on any other sources of income you may have.

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PERSONAL STATEMENT (continued)

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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  
 (207) 619-1778

Scan & Email to: [dp.pare@gmail.com](mailto:dp.pare@gmail.com)  
 Fax to: (425) 930-4449