

D&L Apartments Application

Telephone: (207) 862-4094

Fax: (207) 862-4165

Name: _____ PHONE # _____

Date of Birth _____ Social Security # _____ Driver's License # & State _____

Email Address _____

How Many Adults will be living in Apartment? _____ How Many Children _____

Names, Ages, and Relationship of All Perspective Occupants:

How many and what type pets do you own? _____ Does anyone in the family smoke? _____

How did you hear about D&L Apartments? _____

RESIDENCE HISTORY FOR PAST 3 YEARS

Current Address _____

Date Moved In _____ Date Moved Out _____ Reason for Moving _____

Landlord Name _____ Phone # _____ Rent Paid _____ Utilities
Paid _____

Previous Address (if within 3 years) _____

Date Moved In _____ Date Moved Out _____

Reason for Moving _____

Landlord Name _____

Phone # _____ Rent Paid _____ Utilities Paid _____

EMPLOYMENT

Employed Full Time _____ Employed Part Time _____ Student _____ Not Employed _____

Current Employer (or most recent) _____

Address _____ Phone # _____

Date Employed From _____ to _____ Position _____

Gross Monthly Salary \$ _____

OTHER SOURCES OF INCOME you would like us to consider may be listed below (you do not have to list Alimony, child support, or spouse's income unless you want us to consider it in this application)

Amount \$ _____ Per _____ Source _____ Phone # _____

TOTAL GROSS MONTHLY HOUSEHOLD INCOME \$ _____

BANK/CREDIT REFERENCES

1. _____ Type of Acct _____ Phone# _____

2. _____ Type of Acct _____ Phone # _____

Total Number of Vehicles (including company vehicle or recreational vehicles) _____

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

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

AUTHORIZATION: In considering the application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application you verify its accuracy and you authorize management to contact any references that you have listed, any present or prior landlords, employers, credit bureaus, law enforcement agencies and/or Consumer reporting information and records for the purpose of verifying, recording, and or confirming any information and records. I authorize and consent to the release and recording of this information and hereby release the above and their agents and employees from any and all liability and responsibility for their doing so.

Signature of Applicant _____ Date Signed _____

Signature of Co-Applicant _____ Date Signed _____

RESIDENTIAL Application
(Please Print As Clearly As Possible)

Name: First _____
Middle _____
Last _____
Suffix _____

Social Security # _____

Date of Birth: _____

Present Address:

Drivers License # _____

State _____

Most Recent Prior Address

OWNER/MANAGER AND UNIT

WHERE I AM APPLYING:

Name: _____

Unit: _____

CERTIFICATION AND CONSENT:

I authorize D&L Apartments to pull my personal credit report, to contact any companies, individuals, government entities, and/or consumer 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 D&L Apartments of this application. However, this application and the information herein may only be republished and released upon my subsequent written or electronic authorization and only to a third party I specifically designate. I release and hold D&L Apartments 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.

Date: _____

Signature: _____

VERIFICATION OF RESIDENCY HISTORY
Conventional Applicants

Date Information Requested: _____

To: _____
Tel. _____
Fax _____

From: D&L Apartments
(207)862-4094 Tel.
(207)862-4165 Fax

The information below is requested for: _____ who has been renting property at _____
_____. This individual(s) has applied for residency from the above
established business.

Information Requested:

1. How long has/did the referenced individual reside at this address? _____
2. To your knowledge, how many occupants live at this address? _____
3. What was the monthly rent? _____
4. Was the referenced individual(s) ever late paying their rent? _____
5. Did referenced individual(s) have any payments returned for non-sufficient funds? _____
6. If referenced individual has moved out did they leave the residence in acceptable condition? _____
7. Did referenced individual(s) provide proper notice to vacate? _____
8. Did referenced individual(s) break their lease? _____
9. Did referenced individual(s) have any lease violations during their residency? _____. If Yes,
please describe: _____
10. If applicable, were there any noted problems with the referenced individual(s) pets (such as noise,
smell, damage, etc.)? _____
11. Would you re-rent to referenced individual(s) again? _____

Additional comments: _____

PRINT NAME & TITLE OF PERSON SUPPLYING INFORMATION

NAME OF COMPANY SUPPLYING INFORMATION

SIGNATURE OF PERSON SUPPLYING INFORMATION & DATE

TELEPHONE NUMBER

I, _____, hereby authorize the release of the information requested.
PRINT NAME OF RELEASING PARTY

APPLICANT'S SIGNATURE & DATE