



Megunticook Management
 P.O. Box 618
 Camden, ME 04843
 P 207-236-2736
 F 207-236-9557

MEGUNTICOOK MANAGEMENT – RENTAL APPLICATION

Date of Application: _____ How Did You Hear About Us?: _____

Desired Move in Date: _____ Property: _____

Desired Floorplan: Studio 1 Bedroom 2 Bedroom 3 Bedroom Other: _____

PRIMARY APPLICANT PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Government ID Type (Drivers License/Passport/State ID): _____ Identification Number: _____

Expiration Date: _____ State Issued: _____

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

Marital Status: _____ Reason For Moving?: _____

Email: _____ Phone Number: _____

CO-APPLICANT/SPOUSE PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Government ID Type: _____ Identification Number: _____

Expiration Date: _____ State Issued: _____

Email: _____ Phone Number: _____

PRIMARY APPLICANT EMPLOYMENT INFORMATION

Current Employer: _____ Position: _____ Start Date (MM/YYYY): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Gross Income: \$ _____

(Circle One): weekly / monthly / yearly

CO-APPLICANT/SPOUSE EMPLOYMENT INFORMATION

Current Employer: _____ Position: _____ Start Date (MM/YYYY): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Gross Income: \$ _____

(Circle One): weekly / monthly / yearly

ADDITIONAL INCOME (IF APPLICABLE)

Source: _____ Type: _____ Amount: \$ _____ / _____

Source: _____ Type: _____ Amount: \$ _____ / _____

PRIMARY APPLICANT VEHICLE INFORMATION

Vehicle Make: _____ Vehicle Model: _____ Year: _____

Color: _____ Plate Number: _____ State: _____

CO-APPLICANT/SPOUSE VEHICLE INFORMATION

Vehicle Make: _____ Vehicle Model: _____ Year: _____

Color: _____ Plate Number: _____ State: _____

ADDITIONAL OCCUPANTS (IF APPLICABLE)

<i>Name</i>	<i>Relationship</i>	<i>D.O.B.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PET INFORMATION (IF APPLICABLE)

Type: _____ Breed: _____ Name: _____ Age: _____

Color: _____ Date of Last Shots: _____ Spayed/Neutered? _____

REFERENCES / RENTAL HISTORY

Non-Family – Include Minimum Of 2 Landlord Reference(s)

Name: _____ Phone Number: _____ *(Landlord/Owner)*

Name: _____ Phone Number: _____ *(Landlord/Owner)*

Name: _____ Phone Number: _____ Years Known: _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____ Relationship: _____

The following information is requested by the apartment/property Owner in order to assure the Federal Government, acting through its Farmer's Home Administration, that Federal Laws prohibiting discrimination against tenants/applicants on the basis of race, national origin, and sex are complied with. YOU ARE **NOT** REQUIRED to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to provide the information, the Owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

PRIMARY APPLICANT

Race/National Origin:

- White (Non-Hispanic) Asian or Pacific Islander Black/African American (Non-Hispanic)
 Hispanic American Indian or Alaskan Native Other: _____

Sex of Applicant:

- Female Male Other _____

CO-APPLICANT/SPOUSE (IF APPLICABLE)

Race/National Origin:

- White (Non-Hispanic) Asian or Pacific Islander Black/African American (Non-Hispanic)
 Hispanic American Indian or Alaskan Native Other: _____

Sex of Applicant:

- Female Male Other _____

AUTHORIZATION

Please Read Carefully Before Signing

In considering this application, Management will rely heavily on the information that you have provided. It is important that the information be accurate and complete.

By signing this application, I/we represent and warrant that the information is accurate. I/We authorize management to verify any information and references listed.

Applicant Signature

Date

Co-Applicant Signature

Date



Megunticook Management
 P.O. Box 618
 Camden, ME 04843
 P (207)236-2736
 F (207)236-9557

WEYMOUTH APARTMENTS – LANDLORD VERIFICATION

Completed by Applicant

Applicant Name: _____ Phone Number: _____

Current Address: _____

Reason For Moving (Optional): _____

Current Landlord: _____

Landlord Phone Number: _____ Landlord Fax Number: _____

Landlord Email (If Available): _____

Applicant hereby authorizes the release of information pertaining to their rental history at the property listed above for the purpose of application approval.

 Applicant Signature

 Date

Completed by LandLord or Representing Agent

Occupancy Start Date: _____ Is the Applicant Currently Renting from You? ____ YES ____ NO

Occupancy End Date: _____ Notice Given? ____ YES ____ NO Eviction(s) Filed: ____ YES ____ NO

Number of Lease Violations: _____ If Any, What Was It For? _____

Monthly Rent: \$ _____ Utilities Included (Check All That Apply): ____ Electric ____ Water ____ Oil ____ Gas

Current Amount Owed (Balance) \$ _____ # of Late Payments: _____ # of NSF Payments: _____

Did the Applicant Have Any Pets (If "Yes", How Many & What Size/Kind?): _____

Was Any Of The Security Deposit Withheld? ____ YES ____ NO

If "YES", How Much and What For?: _____

If the Applicant Applied Again, Would You Rent to Them Again? ____ YES ____ NO

Why? _____

 Landlord/Owner or Representing Agent Signature

 Date



Property Management | Real Estate | Rentals

Po Box 618 | 100 Washington St. Camden, ME 04843 | P 207-236-2736 | F 207-236-9557 | mre@coastalmainere.com

Hours: Monday – Friday 9 AM – 5 PM