

Phone (207) 778-6088 Fax (207) 860-2630 • Cell 491-1629 www.riverbendmaine.com

Rental Application

Applicant:		reiepnone:_		Pets:	
Home Mailing Address:			State:		
Current Address:					
Owner/Rental Agent:			How Long:_		
Reason for leaving:					
Email Address:	<u> </u>	Social Security#:_			
Date of Birth:		Bank:			
Employer:	Manager:		Telephone:		
Employer's Address:		City:	State:	Zip:	
Length of employment:	Wage:	per Pos	sition:		
Additional Income:	Do you smoke?				
Co-applicant:					
Mailing Address:	C	<u> </u>	State:	Zip:	
Mailing Address: Current Address:		City:		State:	
Owner/Rental Agent:		Telephone:		How Long:	
Reason for leaving:		1		<i>&</i> <u></u>	
Email Address:		Social Security#:			
Date of Birth:					
Employer:	Manager: Telepho			e:	
Employer's Address:		City:	State:	Zip:	
Length of employment:					
	Do you smoke?				
		Telephone:		Pets:	
Mailing Address:		City:			
Current Address:		City:		State:	
	Telephone:				
Reason for leaving:				<i>2</i> _	
Email Address#:		Social Security#:			
Date of Birth:	Bank:				
Employer:	Manag		Telephone:		
Employer's Address:			State:		
Length of employment:	Wage:				
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Name		occupants to live in the above named partitions Relationship		Age		
1 2						
3						
Prior Housing						
				Telephone:		
		Location:				
·	Location:					
	ment References:		•••••			
1		Address:		Telephone:		
				Telephone:		
				Telephone:		
	to be parked at Riv					
	_	_	_	License. Plate		
Make:	Model:	Color:	Vear	License. Plate		
				License. Plate		
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Any false statements will constitute grounds for immediate eviction and invalidation of any lease or rental agreement.