RENTAL APPLICATION

DATE(S) SEEKING TO MOVE:		
PROPERTY TYPE OF INTEREST:		
SMOKER(yes/no):	**# of PETS:**	**# of OCCUPANTS:**
TYPE of PET(s):		
APPLICANT INFORMATION		
Legal Name		
Date of Birth:	SSN(not required):	Phone:
Current Address		
City:	State:	ZipCode:
Monthly Payment or Rent Value $$:		Length of Time at address:
Previous Address:		
City:	State:	ZipCode:
Monthly Payment or Rent Value $$:		Length of Time at address:
EMPLOYMENT INFORMATION		
Current Employer(Name):		
Length of Employment (months/years):		
Employer Email :		Phone:
Employer Address		
City:	State:	ZipCode:
Annual Income $$:		CreditScore (pls attach credit report):
EMERGENCY CONTACT:		
Name of a person NOT residing with you:		
Relationship:	Phone:	
CO-APPLICANT INFORMATION (if applicable)		
Legal Name		
Date of Birth:	SSN:	Phone:
Current Address		
City:	State:	ZipCode:
Monthly Payment or Rent Value $$:		Length of Time at address:
Previous Address:		
City:	State:	ZipCode:
Monthly Payment or Rent Value $$:		Length of Time at address:
CO-APPLICANT EMPLOYMENT INFORMATION (if applicable)		
Current Employer(Name):		
Length of Employment (months/years):		
Employer Email :		Phone:
Employer Address		
City:	State:	ZipCode:
Annual Income $$:		CreditScore (pls attach credit report):
OTHER INFORMATION (optional field)		

PO Box 543 Stonington, ME 04681 Islandrentalsmaine.com (207)367-2550
26 Main Street Info@islandrentalsmaine.com

RENTAL APPLICATION

RENTAL REFERENCES (please include contact info for current and prior rental history)		
Name	Address	Phone
1.		
2.		
CO-APPLICANT RENTAL REFERENCES (please include contact info for current and prior rental history)		
Name	Address	Phone
1.		
2.		

SIGNATURE OF APPLICANT	
	DATE:
SIGNATURE OF CO-APPLICANT	
	DATE:
I (we) authorize the verification of the information provided on this form and/or authorize THE ISLAND AGENCY to perform background verification and/or credit check.	

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