

KINNEY RENTALS

207.354.0100

P.O. Box 209/ 13 Fluker St

Thomaston, ME 04861

icanrent@kinneyrentals.com

Office

TENANT APPLICATION

FAX 207.354.0663

Name: _____ Co-Applicant _____
 Social Security # _____ Social Security #: _____
 Date of Birth: _____ Date of Birth: _____
 Present address: _____

Telephone # _____ Work #: _____
 Landlord: _____ Phone : _____
 How long at present address?: _____
 Previous Address: _____

Previous Landlord: _____ Phone #: _____
 How long at previous address?: _____
 Address you wish to rent: _____ Move in date?: _____
 Who will share this apartment with you?: _____

Pets?: _____ Do you smoke?: _____
 Credit reference and current amount of debt: _____

Applicant Present Employment:	Prior Employment
Occupation: _____	_____
Employer: _____	_____
Address: _____	_____
Supervisor: _____	_____
Monthly Income: _____	_____

Co-Applicant Present Employment:	Prior Employment
Occupation: _____	_____
Employer: _____	_____
Address: _____	_____
Supervisor: _____	_____
Monthly Income: _____	_____

Have you ever filed a petition in Bankruptcy? _____ Have you ever been evicted? _____

KINNEY RENTALS

207.354.0100

P.O. Box 209/ 13 Fluker St

Thomaston, ME 04861

icanrent@kinneyrentals.com

Office

TENANT APPLICATION

FAX 207.354.0663

Have you ever willfully and intentionally refused to pay any rent when due?_____

I declare the forgoing to be true under penalty of perjury. I agree that the landlord may terminate any agreement entered into in reliance on any misstatement above. I hereby give my permission to release income information and credit history. I understand that it will be kept in strict confidence and be used to access the applicant's ability to pay only. I understand that a photocopy of this release is as valid as the original.

AUTHORIZATION FOR RELEASE:

Signature of Head of Household:

Date

Spouse / Adult Co - Tenant:

Date