

**SASSEVILLE MANAGEMENT LLC**

393 Center Street  
Auburn, ME 04210  
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FOR APT# \_\_\_\_\_  
RENT AMOUNT:\$ \_\_\_\_\_  
SEC. DEPOSIT AMOUNT:\$ \_\_\_\_\_  
MOVE IN DATE: \_\_\_\_\_

**Which complex are you applying For:** Kittyhawk or The Highlands or Either (please circle one)

**Is there a specific apartment you are applying for? If so please indicate:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
WILL THERE BE ANY ADDITIONAL PEOPLE LIVING WITH YOU OTHER THAN A CO-APPLICANT? \_\_\_\_\_  
**ADDITIONAL PERSON(S): NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**ANY ANIMALS?** \_\_\_\_\_ **WHAT KIND OF ANIMAL(S):** \_\_\_\_\_ **SIZE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**CO-APPLICANT'S NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
HAVE YOU EVER SHARED AN APARTMENT WITH THIS APPLICANT BEFORE? \_\_\_\_\_

**APPLICANT'S INFORMATION:** **DAYTIME PHONE #:** \_\_\_\_\_ **EVENING PHONE #:** \_\_\_\_\_  
**CURRENT ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_ **LANDLORD'S NAME:** \_\_\_\_\_  
**LANDLORD'S PHONE #:** \_\_\_\_\_ **AMOUNT PAID/MONTH:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_  
**LANDLORD'S ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**FORMER ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **AMOUNT PAID/MONTH:** \_\_\_\_\_  
**HOW LONG WERE YOU AT THIS RESIDENCE:** \_\_\_\_\_ **LANDLORD'S NAME:** \_\_\_\_\_  
**LANDLORD'S PHONE#:** \_\_\_\_\_ **LANDLORD'S ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PRESENT EMPLOYER:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_  
**SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ (MONTH/YEAR) **SUPERVISOR'S NAME:** \_\_\_\_\_  
**SUPERVISOR'S ADDRESS/LOCATION:** \_\_\_\_\_ **SUPERVISOR'S PHONE:** \_\_\_\_\_

**FORMER EMPLOYER:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_  
**SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ (MONTH/YEAR) **SUPERVISOR'S NAME:** \_\_\_\_\_  
**SUPERVISOR'S ADDRESS/LOCATION:** \_\_\_\_\_ **SUPERVISOR'S PHONE:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME:** \_\_\_\_\_

**WITHIN THE LAST TWELVE MONTHS, HAVE YOU OR ANYONE WHO WILL BE RESIDING WITH YOU LIVED IN ANY RESIDENCE THAT WAS INFESTED WITH OR TREATED FOR BED BUGS?** \_\_\_\_\_

**VEHICLE MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_ **PLATE#:** \_\_\_\_\_  
**VEHICLE MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_ **PLATE#:** \_\_\_\_\_  
**DRIVER'S LICENSE #** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**WHO SHOULD BE NOTIFIED IN THE EVENT OF AN EMERGENCY:** \_\_\_\_\_

CO-APPLICANT'S INFORMATION: DAYTIME PHONE #: \_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ LANDLORD'S NAME: \_\_\_\_\_  
LANDLORD'S PHONE #: \_\_\_\_\_ AMOUNT PAID/MONTH: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
LANDLORD'S ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ AMOUNT PAID/MONTH: \_\_\_\_\_  
HOW LONG WERE YOU AT THIS RESIDENCE: \_\_\_\_\_ LANDLORD'S NAME: \_\_\_\_\_  
LANDLORD'S PHONE#: \_\_\_\_\_ LANDLORD'S ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
SALARY: \_\_\_\_\_ PER \_\_\_\_\_ (MONTH/YEAR) SUPERVISOR'S NAME: \_\_\_\_\_  
SUPERVISOR'S ADDRESS/LOCATION: \_\_\_\_\_ SUPERVISOR'S PHONE: \_\_\_\_\_

FORMER EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
SALARY: \_\_\_\_\_ PER \_\_\_\_\_ (MONTH/YEAR) SUPERVISOR'S NAME: \_\_\_\_\_  
SUPERVISOR'S ADDRESS/LOCATION: \_\_\_\_\_ SUPERVISOR'S PHONE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME: \_\_\_\_\_

WITHIN THE LAST TWELVE MONTHS, HAVE YOU OR ANYONE WHO WILL BE RESIDING WITH YOU LIVED IN ANY RESIDENCE THAT WAS INFESTED WITH OR TREATED FOR BED BUGS? \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ PLATE#: \_\_\_\_\_  
VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ PLATE#: \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

WHO SHOULD BE NOTIFIED IN THE EVENT OF AN EMERGENCY: \_\_\_\_\_

**REQUIRED: HOW DID YOU HEAR ABOUT THIS APARTMENT:** \_\_\_\_\_

WE WILL BE USING A CREDIT REPORTING AGENCY TO EVALUATE YOUR CREDIT. BY SIGNING THIS APPLICATION, I GIVE SASSEVILLE MANAGEMENT LLC PERMISSION TO CHECK MY CREDIT AND ALL PERSONS/FIRMS LISTED ABOVE MAY FREELY GIVE ANY REQUESTED INFORMATION CONCERNING ME, FURTHERMORE I HEREBY WAIVE ALL RIGHTS OF ACTION FOR ANY CONSEQUENCE RESULTING FROM SUCH INFORMATION.

AUTHORIZATION: THE UNDERSIGNED REPRESENTS THE ABOVE STATEMENTS ARE TRUE AND COMPLETE, AND AUTHORIZE VERIFICATION BY THE LANDLORD. IF I PROVIDE FALSE INFORMATION ON THIS APPLICATION I UNDERSTAND THE LANDLORD MAY (1) REJECT THIS APPLICATION AND/OR TERMINATE MY RIGHT TO OCCUPANCY IF THE FALSE INFORMATION IS DISCOVERED AFTER I TAKE OCCUPANCY.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

ADDITIONAL INFORMATION: