

SASSEVILLE MANAGEMENT LLC

393 Center St.

Auburn, Maine 04210

PHONE (207) 783-2312/FAX (207) 786-2266

info@kittyhawkhighlands.com www.kittyhawkhighlands.com

FOR APT#: _____
RENT AMOUNT: \$ _____
SEC DEP AMOUNT: _____
PET FEE: _____
MOVE IN DATE: _____

APPLICANT'S NAME: _____ SS# _____ DATE OF BIRTH: _____ MARITAL STATUS: _____

WILL THERE BE ANY CHILDREN OR ADDITIONAL PEOPLE LIVING WITH YOU OTHER THAN A CO-APPLICANT LISTED? _____

CHILDREN/ADD PERSON: NAME: _____ RELATIONSHIP: _____ DOB: _____

ANY PETS? _____ WHAT KIND OF PET/S? _____ SIZE _____ AGE: _____

CO-APPLICANT'S NAME: _____ SS# _____ DATE OF BIRTH: _____ MARITAL STATUS: _____

HAVE YOU EVER SHARED AN APARTMENT WITH THIS APPLICANT BEFORE? _____

APPLICANT'S INFORMATION DAYTIME PHONE #: _____ EVENING PHONE #: _____

CURRENT ADDRESS: _____ ZIP CODE: _____

LANDLORD'S NAME: _____ PHONE# _____ AMOUNT PAID/MONTH: _____

HOW LONG: _____ LANDLORD'S ADDRESS: _____ ZIP: _____

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/YR) SUPERVISOR'S NAME: _____

SUPERVISOR'S ADDRESS/LOCATION: _____ SUPERVISOR'S PHONE #: _____

FORMER EMPLOYER: _____ POSITION: _____ HOW LONG: _____

SALARY: _____ PER _____ (MONTH/YR) SUPERVISOR'S NAME: _____

SUPERVISOR'S ADDRESS/LOCATION: _____ PHONE #: _____

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: _____ PH: _____

CO-APPLICANT'S INFORMATION DAYTIME PHONE #: _____ EVENING PHONE #: _____

CURRENT ADDRESS: _____ ZIP CODE: _____

LANDLORD'S NAME: _____ PHONE#: _____ AMOUNT PAID/MONTH: _____

HOW LONG: _____ LANDLORD'S ADDRESS: _____ ZIP: _____

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/YR) SUPERVISOR'S NAME: _____

SUPERVISOR'S ADDRESS/LOCATION: _____ SUPERVISOR'S PHONE #: _____

FORMER EMPLOYER: _____ POSITION: _____ HOW LONG: _____

SALARY: _____ PER _____ (MONTH/YR) SUPERVISOR'S NAME: _____

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VEHICLE MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ PLATE #: _____

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DRIVER'S LICENSE #: _____ STATE: _____

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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.

(APPLICANT SIGNATURE & DATE)

(CO-APPLICANT SIGNATURE & DATE)

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