



KING REAL ESTATE
 198 SACO AVENUE
 OLD ORCHARD BEACH, ME 04064
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NOTE: \$10.00 FEE PER APPLICANT IS REQUIRED TO PROCESS APPLICATION

DATE OF APPLICATION: _____
 ADDRESS OF PROPERTY: _____
 TELEPHONE NO TO REACH YOU: _____
 DESIRED MOVE IN DATE: _____

PERSONAL INFORMATION

APPLICANT NO. 1:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
 DATE OF BIRTH: _____ DRIVERS LICENSE NO: _____ SOCIAL SECURITY NO: _____

APPLICANT NO. 2:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
 DATE OF BIRTH: _____ DRIVERS LICENSE NO: _____ SOCIAL SECURITY NO: _____

OTHER OCCUPANTS FOR THIS RESIDENCE:

NAME: _____ RELATION: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
 NAME: _____ RELATION: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
 NAME: _____ RELATION: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

PERSONAL REFERENCES & MISCELLANEOUS INFORMATION

NAME: _____ TELEPHONE: _____ RELATION: _____
 NAME: _____ TELEPHONE: _____ RELATION: _____

NUMBER OF VEHICLES (INCLUDING COMPANY CARS):

MAKE/MODEL: _____ YEAR: _____ COLOR: _____ LICENSE: _____ STATE: _____
 MAKE/MODEL: _____ YEAR: _____ COLOR: _____ LICENSE: _____ STATE: _____
 MAKE/MODEL: _____ YEAR: _____ COLOR: _____ LICENSE: _____ STATE: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATION: _____ TELEPHONE: _____
 ADDRESS: _____ ALTERNATE TELEPHONE: _____

BANKING & CREDIT REFERENCES

BANK: _____ ADDRESS: _____ CHECKING: _____ SAVINGS: _____
 CREDIT REFERENCE 1: _____ MO. PAYMENT: _____ ACCOUNT NO: _____
 CREDIT REFERENCE 2: _____ MO. PAYMENT: _____ ACCOUNT NO: _____

PETS

DO YOU HAVE PETS: YES _____ NO _____ PLEASE DESCRIBE: _____

RESIDENCE HISTORY

PRESENT ADDRESS: _____ CITY/STATE: _____

LENGTH OF TIME AT PRESENT: _____ AMOUNT OF MO. RENT/MORTGAGE: _____

LANDLORD/MORTGAGOR: _____ TELEPHONE NO: _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____ CITY/STATE: _____

LENGTH OF TIME AT PREVIOUS: _____ AMOUNT OF MO. RENT/MORTGAGE: _____

LANDLORD/MORTGAGOR: _____ TELEPHONE NO: _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____ CITY/STATE: _____

LENGTH OF TIME AT PREVIOUS: _____ AMOUNT OF MO. RENT/MORTGAGE: _____

LANDLORD/MORTGAGOR: _____ TELEPHONE NO: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY

APPLICANT NO: 1:

FULL TIME: _____ PART TIME: _____ STUDENT: _____ RETIRED: _____

PRESENT EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____ SUPERVISOR: _____

POSITION: _____ HOW LONG: _____

PRESENT INCOME: _____ PER WEEK: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____ SUPERVISOR: _____

POSITION: _____ HOW LONG: _____

PREVIOUS INCOME: _____ PER WEEK: _____

CO APPLICANT:

FULL TIME: _____ PART TIME: _____ STUDENT: _____ RETIRED: _____

PRESENT EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____ SUPERVISOR: _____

POSITION: _____ HOW LONG: _____

PRESENT INCOME: _____ PER WEEK: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____ SUPERVISOR: _____

POSITION: _____ HOW LONG: _____

PREVIOUS INCOME: _____ PER WEEK: _____

OTHER INCOME

SOURCE: _____ AMOUNT: _____ PER: _____

SOURCE: _____ AMOUNT: _____ PER: _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST FIVE YEARS: _____ IF YES, DESCRIBE: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ HAVE YOU EVER BEEN EVICTED? _____ HAVE YOU EVER WILLFULLY REFUSED TO PAY RENT? _____

IT IS OUR POLICY NOT TO DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, AGE, SEX, HANDICAP, FAMILIA STATUS, OR NATIONAL ORIGIN. I HEREBY AUTHORIZE KING REAL ESTATE OR ANY AGENT/SERVANT/EMPLOYEE OF KING REAL ESTATE TO CONTACT ANY PRIOR EMPLOYERS, COMPANIES, CREDIT BUREAUS, LAW ENFORCEMENT AGENCIES AND/OR CONSUMER REPORTING BUREAUS FOR THE PURPOSE OF VERIFYING, RECORDING AND/OR CONFIRMING THE ABOVE INFORMATION WHICH I STATE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE AND CONSENT TO THE RELEASE AND RECORDING OF THIS INFORMATION AND HEREBY RELEASE THE ABOVE & THEIR AGENTS/SERVANTS, & EMPLOYEES FROM ANY AND ALL LIABILITY & RESPONSIBILITY FOR THEIR DOING SO.

DATE: _____ SIGNATURE OF APPLICANT 1: _____

DATE: _____ SIGNATURE OF APPLICANT 2: _____

PLEASE ENCLOSE COPY OF: DRIVERS LICENSE: _____ SOCIAL SECURITY NO: _____ PAY STUB: _____

FOR OFFICE USE ONLY: APPLICATION FEE RECEIVED: _____ DATE: _____ AMOUNT: _____ RECEIVED BY: _____

DEPOSIT TO HOLD RECEIVED: _____ DATE: _____ AMOUNT: _____ RECEIVED BY: _____

APPLICATION: DENIED _____ APPROVED _____ IF DENIED, WHY? _____

APPLICANT NOTIFIED: _____ DATE: _____ NOTIFIED BY: _____