

# APPLICATION FOR RENTAL

Notice: All adult (18 years or older) must complete a separate application for rental.

APARTMENT	RENT	START DATE	OWNER/MANAGER
<b>APPLICANT INFORMATION</b>			
LAST NAME	FIRST NAME	M.I.	SSN
DRIVER'S LICENSE #			
BIRTH DATE	HOME PHONE ( )	WORK PHONE ( )	EMAIL
<b>CURRENT ADDRESS</b>			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>PREVIOUS ADDRESS</b>			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>OTHER OCCUPANTS</b>			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER			
<b>PETS</b>			
PETS?	DESCRIBE		
<b>EMPLOYMENT &amp; INCOME INFORMATION</b>			
1. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE
END DATE		2. OCCUPATION	
3. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE
END DATE		1. OTHER INCOME DESCRIPTION	
2. OTHER INCOME DESCRIPTION		MONTHLY INCOME \$	
3. OTHER INCOME DESCRIPTION		MONTHLY INCOME \$	
<b>EMERGENCY CONTACT</b>			
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP

<b>PERSONAL REFERENCES</b>			
<b>1. NAME</b>	<b>ADDRESS</b>	<b>PHONE</b> (    )	<b>RELATIONSHIP</b>
<b>2. NAME</b>	<b>ADDRESS</b>	<b>PHONE</b> (    )	<b>RELATIONSHIP</b>

**BACKGROUND INFORMATION**

<b>HAVE YOU EVER:</b>	Filed for bankruptcy? If yes, indicate when and where. Yes No	Willfully or intentionally refused to pay rent when due? If yes, indicate when and where. Yes No
	Been evicted from a tenancy or left owing money? If yes, please Yes No	provide Property Name, City, State, Landlord Name, case name, court and docket#.
	Been convicted of a crime? If yes, for each conviction: please provide Type of Offense, County, and State. Yes No	

<b>VEHICLE INFORMATION</b>		
<b>1. MAKE &amp; MODEL</b>	<b>YEAR</b>	<b>LICENSE NO. &amp; STATE</b>
<b>2. MAKE &amp; MODEL</b>	<b>YEAR</b>	<b>LICENSE NO. &amp; STATE</b>

**OTHER VEHICLES**

**OTHER INFORMATION**

**DO YOU SMOKE? YES NO WILL YOU OR ANY OTHER OCCUPANT SMOKE IN THE UNIT OR ON THE PREMISES?**

**HOW DID YOU HEAR ABOUT THIS PROPERTY?**

**PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION**

I/we, the undersigned, authorize Fidelis Screening Solutions, LLC, Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Fidelis Screening Solutions, LLC, Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.

Important information about your rights under the Fair Credit reporting Act:

- You have a right to request disclosure of the nature and scope of the investigation.
- You must be told if information in your file has been used against you.
- You have a right to know what is in your file, and this disclosure may be free.
- You have the right to ask for a credit score (there may be a fee for this service).
- You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

**Ochre Advantage, LLC  
PO Box 15 Skowhegan, ME 04976  
207.692.7383**

These reports are being processed by Fidelis Screening Solutions, LLC, 4534 Clinton St. Ste. 2, West Seneca, NY 14224.

A summary of your rights under the Fair Credit Reporting Act is available by visiting (Para información en español, visite o escriba): <http://www.consumerfinance.gov/learnmore> or writing Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

*(Signed/Applicant)*

*Date*

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The Owner/Manager does not discriminate on the basis of race, color, religion, ancestry, national origin, gender, sexual orientation, physical or mental disability or familial status.

Please return completed application to: **Ochre Advantage, LLC  
PO Box 15  
Skowhegan, ME 04976**

**Or email to:**

**[rebekah@ochreadvantage.com](mailto:rebekah@ochreadvantage.com)**

For more information call: 207.692.7383 or email: [rebekah@ochreadvantage.com](mailto:rebekah@ochreadvantage.com)

Please note:

1. We have a strict NO SMOKING POLICY.
2. A prospective tenant who will be paying utility costs has the right to obtain from an energy supplier, the amount of consumption and the cost of that consumption for the prior 12 month period.