

**Lighthouse Asset Management LLC**

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27 State St #40

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Which Property Are You Interested In?			Which Rental Agent are you working with ?			
Full names of all Applicants			SS #	Birth Date	Phone #	Email
Full names of Other Occupants						
*Applicant	Current Address		City		Zip	How Long
	Rent	Landlord Name		Landlord Address		Phone
	Reason for Leaving				May we contact Landlord?	
	Current Address		City		Zip	How Long
*Co-Applicant	Rent	Landlord Name		Landlord Address		Phone
	Reason for Leaving				May we contact Landlord?	
	Current Address		City		Zip	How Long
	Rent	Landlord Name		Landlord Address		Phone
<b><i>Please List Your Past Two Places of Residency (If Applicable, If Not Where Have You Been Staying?)</i></b>						
<b><i>*Section Must Be Completed or Application Will Not Be Considered</i></b>						
*Applicant	Address (Include Zip Code)		Landlord	Phone	How Long	Reason for Leaving
	Address (Include Zip Code)		Landlord	Phone	How Long	Reason for Leaving
*Co-Applicant	Address (Include Zip Code)		Landlord	Phone	How Long	Reason for Leaving
	Address (Include Zip Code)		Landlord	Phone	How Long	Reason for Leaving
If necessary, is a co-signor a possibility?		<b>If yes, please attach co-signor application</b>				
Have eviction proceedings been filed on any applicants?		If yes, please explain				
List all Pets:						
Have you ever been convicted of a crime?		If yes, please explain				
Vehicle Make & Model		Year & Color	State License Plate #		Is Parking Required?	

Are you a student?		If yes, full time or part time?	
School		Major	Year

  

Employment Information	Applicant	Co-Applicant
Employer:		
Address:		
Phone:		
Job Title:		
How Long:		
Previous Employer:		
Address:		
Phone:		
Job Title:		
How Long:		

**Household Income (Please Include All Income of Each Applicant)**  
**\*Section Must Be Completed or Application Will Not Be Considered**

*Earner	*Source	*Amount per Month	<i>*In order to expedite the application process, please provide documentation of income. (Recent pay stub, Bank statement, Social security, etc)</i>

  

Bank Accounts	Name of Bank	Balance

  

References (One can be a family member)			
Name	Address	Phone	Relationship

The undersigned applicant(s) hereby represents that all above statements are true and complete and hereby authorizes Lighthouse Asset Management LLC, the property owner and/or the owner's representative to obtain verification directly from Law Enforcement agencies, Employment and prior landlords as well as a credit check including the use of a credit reporting service. **Failure to answer any of the above inquiries entitles Lighthouse Asset Management LLC, the property owner and/or the owner's representative to reject this application.** False information given above entitles Lighthouse Asset Management LLC, the property owner and/or the owner's representative to (1) reject this application and/or (2) terminate tenant's right to occupancy if the false information is discovered after occupancy.

_____	_____
Applicant	Date
_____	_____
Co-Applicant	Date

**If the application is not accepted, the Security Deposit will be returned. If you cancel after 24 hours, the Security Deposit is NOT refundable.**