

FOOTHILLS MANAGEMENT

Real Estate Rentals and Management

RENTAL APPLICATION

E-mail address _____

Phone # _____

Applicants Name	Birthdate	Drivers License No. & State	Social Security Number - -
Spouses Name	Birthdate	Drivers License No. & State	Social Security Number - -
Other Occupant, Their Relationship, and Ages			
(1) _____ (2) _____ (3) _____			
STUDENTS Parent(s) Name: _____			
MUST Address: _____			
PROVIDE Telephone Number: _____			
Your Occupation:	Primary Employer:	Length of employment:	
Monthly Salary (Net):	Other Income (Source):	Monthly Amount:	
Last leased or rented premises address:	Name of Lessor:	Telephone Number:	
Type of Lease (Apt., House, Business, Etc.):	Length of time at former rental:	Reason for vacating:	
Name of second former lessor and telephone number if less than 5 years at present rental:			
Local personal references:			
(1) _____ (2) _____ (3) _____			
Bank Reference Name:	Address:	Type of Account:	

I hereby authorize Foothills Management to perform a credit check:

Signature _____ Date: _____

P.O Box 975 • Farmington, Maine 04938

Telephone (207) 778-0607

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