



***H&S Reny Property Management, Inc.***  
553 Main Street  
Lewiston, Maine 04240  
Tel: (207) 783-2199  
Fax: (207) 777-7343

## **APPLICATION FOR HOUSING**

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ATTACH WITH COMPLETED APPLICATION FOR BOTH APPLICANT AND CO-APPLICANT:  
COPY OF DRIVER'S LICENSE/STATE I.D., S.S. CARD, VEHICLE REGISTRATION,  
VERIFICATION OF EMPLOYMENT (MINIMUM OF LAST 5 CHECK STUBS) IF SELF EMPLOYED  
– 2 YEARS OF TAX RETURNS, OR INCOME FROM TANF, SOCIAL SECURITY, SSI PENSION –  
SUPPLY COPY OF CHECK STUB. A PARTIAL SECURITY DEPOSIT OF \$150.00 (50% 1-MONTH  
RENT FOR HOMES) CASH OR MONEY ORDER MUST BE SUBMITTED WITH COMPLETED  
APPLICATION IN ORDER TO SECURE APARTMENT AND PROCESS APPLICATION

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DATE: \_\_\_\_\_ PROPERTY NAME/LOCATION: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ CO-APPLICANT: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

COMPLETE THE FOLLOWING INFORMATION FOR EACH MEMBER TO RESIDE AT THE PROPERTY

NAME	BIRTHDATE	SOCIAL SECURITY #	LICENSE #
_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____	_____/_____/_____	_____/_____/_____	_____/_____/_____

PRESENT LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

CURRENT RENTAL INFORMATION:  
CURRENT RENTAL AMOUNT: \_\_\_\_\_ WEEKLY: \_\_\_\_\_ MONTHLY: \_\_\_\_\_  
UTILITIES EXCLUDED AND COST: \_\_\_\_\_

GENERAL COMMENTS: PLEASE INCLUDE ANY PERTINENT INFORMATION ABOUT APPLICANT/CO-APPLICANT, YOUR LIVING CONDITION OR YOUR NEED FOR HOUSING

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FORMER LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME & ADDRESS

FORMER APARTMENT ADDRESS: \_\_\_\_\_ RENT: \_\_\_\_\_

CREDIT REFERENCE: \_\_\_\_\_ ACCT # \_\_\_\_\_  
NAME & ADDRESS

CREDIT REFERENCE \_\_\_\_\_ ACCT # \_\_\_\_\_  
NAME & ADDRESS

PERSONAL REFERENCE \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_

IN CASE OF EMERGENCY –  
CLOSEST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

DO YOU HAVE ANY PETS? IF YES, DESCRIBE \_\_\_\_\_

CURRENT GROSS HOUSEHOLD INCOME: INDICATE FROM WHERE AND HOW OFTEN ALL INCOME IS RECEIVED. PLEASE BE EXACT.

EMPLOYMENT:  
APPLICANT EMPLOYER: NAME/ ADDRESS/ PHONE# \_\_\_\_\_

LENGTH OF TIME WITH THIS EMPLOYER: \_\_\_\_\_  
WAGES: \$ \_\_\_\_\_ /HOUR, TOTAL: \$ \_\_\_\_\_ PER \_\_\_\_\_ WEEK \_\_\_\_\_ BI WEEK

CO-APPLICANT EMPLOYER: NAME/ ADDRESS/ PHONE# \_\_\_\_\_

LENGTH OF TIME WITH THIS EMPLOYER: \_\_\_\_\_  
WAGES: \$ \_\_\_\_\_ /HOUR, TOTAL: \$ \_\_\_\_\_ PER \_\_\_\_\_ WEEK \_\_\_\_\_ BI WEEK

TANF: \$ \_\_\_\_\_ APPLICANT OR CO-APPLICANT \_\_\_\_\_

CHILD SUPPORT: \$ \_\_\_\_\_ APPLICANT/CO-APPLICANT \_\_\_\_\_

SOCIAL SUPPORT: \$ \_\_\_\_\_ APPLICANT/CO-APPLICANT \_\_\_\_\_

SSI PENSION: \$ \_\_\_\_\_ APPLICANT/CO-APPLICANT \_\_\_\_\_

PENSION/TYPE: \$ \_\_\_\_\_ PER MONTH APPLICANT/ CO-APPLICANT \_\_\_\_\_

OTHER TYPE OF INCOME: \_\_\_\_\_

1. HAVE YOU EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

2. HAVE YOU EVER BEEN CONVICTED FOR ANY OF YOUR ARRESTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

3. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

4. HAVE YOU EVER BEEN EVICTED FROM ANY APARTMENT OR HOME?

YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

5. WAS IT EVER NECESSARY FOR EVICTION PROCEEDINGS TO BE INITIATED ON YOUR HOUSEHOLD? YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

6. HAS YOUR EMPLOYMENT EVER BEEN TERMINATED?

YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

7. HAVE YOU EVER BEEN DISHONORABLY DISCHARGED FROM ANY BRANCH OF THE MILITARY? YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

8. HAVE YOU EVER USED ILLEGAL DRUGS? YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

9. ARE YOU CURRENTLY A STUDENT? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEGDE, COMPLETE AND ACCURATE. I HEREBY GIVE H & S RENY PROPERTY MANAGEMENT, INC. PERMISSION TO VERIFY THE ABOVE INFORMATION, INCLUDING RIGHTS AND ACCESS TO ANY DOCUMENTS RELATING TO THE ABOVE INFORMATION. IF ANY FALSE INFORMATION HAS BEEN SUBMITTED, REGARDING THE ABOVE QUESTIONS, YOU WILL BE WITHDRAWN FROM OUR WAITING LISTS FOR ANY SUBSIDIZED OR MARKET RENT APARTMENT. THE UNDERSIGNED WARRANTS AND REPRESENTS THAT ALL STATEMENTS ARE TRUE AND AGREES TO EXECUTE UPON PRESENTATION A LEASE OR TENANCY AT WILL STATED, WHICH LEASE MAY BE TERMINATED BY THE LESSOR IF ANY STATEMENTS HEREIN MADEARE NOT TRUE. DEPOSIT IS TO BE APPLIED ON RENT OR RETAINED AS LIQUIDATED DAMAGES EXCEPT IT IS TO BE REFUNDED IF SAID APPLICANT IS NOT ACCEPTED BY THE OWNER. THIS APPLICATION AND DEPOSIT ARE TAKEN SUBJECT TO PREVIOUS APPLICATIONS. I AUTHORIZE YOU TO OBTAIN ANY INFORMATION RELATIVE TO THIS APPLICATION, WHICH YOU MAY OBTAIN FROM ANY BANK, FINANCE COMPANY, LOAN COMPANY, CREDIT BUREAU, EMPLOYER, OR ANY OTHER SOURCE OF INFORMATION TO WHICH YOU MAYAPPLY. EACH SORCE IS HEREBY AUHTORIZED TO PROVIDE YOU WITH SUCH INFORMATION. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE PROCESSED BY H & S RENY PROPERTY MANAGEMENT, INC.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

H & S RENY PROPERTY MANAGEMENT, INC.  
553 MAIN STREET  
LEWISTON, ME 04240  
PHONE (207)-783-2199  
FAX (207)-777-7343  
Monday-Friday 8:00am-4:00pm