

# STONE PARK PROPERTIES, LLC RENTAL APPLICATION

Each adult (18 or older) must fill out separate rental application.

\$30/adult applicant non-refundable FEE must accompany each application.

(First)	(Middle)	(Last)	Date of Birth
Home phone #		Cell Phone #	When do you expect to occupy new residence?
Email address:			
ME Driver's License #		How many pets do you have? List type/breed.	How long do you expect to rent from Stone Park Properties?
List all proposed occupants (First)	(Middle)	(Last)	Date of Birth
1			
2			
3			
4			
<b>GENERAL INFORMATION</b>	Y/N	Further explanation if needed.	
Have you ever been served a late rent notice?			
Does anyone who lives with you smoke?			
Have you ever filed for bankruptcy? If yes, when?			
Have you ever been served an eviction notice? If so, when?			
Have you ever been convicted of a felony? If so, when?			
What is your reason for relocating?			
Have you had any recurring problems with your apartment or landlord?			
	Amounts	Source	
List any verifiable sources of income you wish to have considered			
SPP may run a criminal background check. Is there any negative item SPP may discover? Do you wish to comment?			
How did you hear about Stone Park Properties?			
<b>Vehicles</b>	<b>Make</b>	<b>Color</b>	<b>Year</b>
			<b>License Plate/State</b>

**Mail to: Stone Park Properties, LLC POB 1526, Ellsworth, ME 04605**

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Rental Residence History	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State/Zip			
P.O. Box, if applicable			
Rent Amount paid			
Landlord/phone #			
Reason for relocating			
Was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which utilities are billed			
Dates of Residence			
Employment History	Current Employer	Previous Employer	Prior Employer
Employed by:			
Address			
Employer's Phone #			
Occupation			
Name of Supervisor			
Monthly Gross Salary			
	From/To	From/To	From/To
Dates of Employment			
REFERENCES/EMERGENCY CONTACTS	Doctor	Lawyer	Nearest Relative Living Elsewhere
NAME			
STREET			
CITY			
STATE			
PHONE #			
By signing this application, you give SPP permission to communicate with all Emergency contacts in the event you cannot be located. Furthermore, if you abandon the apartment for any reason then you grant SPP permission to contact the relative listed above to remove all contents of the dwelling on your behalf.			

Agreement & Authorization Signature: I believe that the statements I have made are true and correct. I hereby authorize a criminal check to be made at SPP's discretion. I understand that if my application is accepted, SPP may email me an invitation to Smart Move (TransUnion; see [www.stoneparkproperties.com/tenants](http://www.stoneparkproperties.com/tenants)) for the release of financial information pertinent to renting. I understand that this is an application for an apartment and does not constitute a rental/lease agreement in whole/part. I understand I am not entitled to a refund of the application fee if I do not acquire the apartment. Any questions regarding rejected applications must be submitted in writing accompanied by SASE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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