

**CASCADE APARTMENTS, LLC
RENTAL APPLICATION**

Date: _____

How did you hear about us? Craig's List _____ Newspaper _____ Website _____ Other _____

Name of Applicant: _____ Date of Birth _____ SS# _____
Daytime phone _____ Evening Phone _____ Email _____

Total Number of Occupants: _____
Pets (Number and Kind): _____ * **IF APPROVED, PETS WILL BE
SUBJECT TO A SEPARATE PER PET
DEPOSIT AND PET AGREEMENT**
(there is a 2 pet maximum, this is non-negotiable)

Current Address: _____ Zip: _____

How Long: _____ Current Rent: \$ _____

Reason for Leaving: _____

Owner or Agent: _____ Phone: _____

Previous Address: _____ How Long? _____

Reason for Leaving: _____ Rent: \$ _____

Owner or Agent: _____ Phone: _____

Reference: _____ Phone _____

Reference: _____ Phone _____

Current Employer: _____ Monthly Salary: \$ _____

How Long? _____ Employed as: _____

Supervisor: _____ Phone: _____

Address: _____

Cascade Falls Apartments are entirely **NON-SMOKING**. No smoking will be allowed in buildings, on decks, or anywhere on the property. **Do you smoke? This includes all tobacco products, medical and recreational marijuana, vaping products, etc** _____ YES _____ NO

Have You Ever: Filed for bankruptcy? () Yes () No
Been evicted from tenancy? () Yes () No
Convicted of a crime? () Yes () No

A non-refundable application fee of \$75.00 per application payable to Cascade Falls Apartments, LLC must accompany this application. This fee is used exclusively as an application fee and does not guarantee approval and will not be applied to rent or security deposit. Minimum \$50 fee for each additional person 18 and older

If approved and accepted by the Landlord, I agree to execute Landlord's standard lease form before possession is given.

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE REPORT, CREDIT REPORT OR OTHER INVESTIGATION OF MY CREDIT HISTORY AND PERSONAL BACKGROUND WILL BE UNDERTAKEN BY THE LANDLORD. I HEREBY AUTHORIZE ANY AND ALL SUCH BACKGROUND AND CREDIT CHECKS AND THE USE OF MY PERSONAL INFORMATION FOR THAT PURPOSE.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

Please return completed application and application fee to: Cascade Falls Apartments
1030 Portland Road, Saco, ME 04072