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#_____
Co- 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 DEPOSIT AND PET AGREEMENT**

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: _____

Do you smoke? ( ) YES ( ) NO
Cascade Falls Apartments are entirely NON-SMOKING. No smoking will be allowed in buildings, on decks, or anywhere on the property.

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 guaranty 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 Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

Please return completed application and application fee to: Cascade Falls Apartments
1022 Portland Road
Saco, ME 04072