

Port Property

M A N A G E M E N T

104 Grant Street ~ Portland, ME ~ 04101

Telephone #: (207) 775-5673 / Fax #: (207) 761-8048 / www.portpropmgt.com

Application of Extended Visitor(s)

This is an application for housing at _____, apartment # _____, which is currently being leased to _____. Please complete this form and immediately return it to our office at the aforementioned address.

VISITOR INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

D.O.B.: _____ Soc. Sec. #: _____ License # & State: _____

Home Phone: _____ Work Phone: _____ Email: _____

VISITOR'S SPOUSAL INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

D.O.B. _____ Soc. Sec. #: _____

Driver's Lic: _____ Lic. State: _____

Work Phone: _____ Email: _____

Name(s) and Age(s) of other(s) that will be staying with you in the apartment:

RENTAL HISTORY: (Please provide most recent 2 years - attach additional page if needed)

Current Address:

Address: _____ City: _____ State: _____ Zip: _____

Rent: _____ Utilities Included: _____ Move-In Date: _____

Reason for Moving: _____

Current Landlord: _____ Daytime Phone #: _____

Previous Address:

Address: _____ City: _____ State: _____ Zip: _____

Rent: _____ Utilities Included: _____ Move-In Date: _____

Reason for Moving: _____

Previous Landlord: _____ Daytime Phone #: _____

VISITOR'S EMPLOYMENT HISTORY:

Place of Employment: _____ Occupation: _____

Supervisor: _____ Phone #: _____ Start Date: _____

Salary: Yearly: _____ Monthly: _____

Are you a Student? *Yes* *No* Income: _____ Source: _____

If you are unemployed please describe source of income: _____

VISITOR'S SPOUSE EMPLOYMENT HISTORY:

Place of Employment: _____ Start Date: _____

Supervisor: _____ Phone #: _____

Salary: _____ Yearly Monthly (Please circle)

PERSONAL REFERENCE:

Name: _____ Phone #: _____

GENERAL QUESTIONS:

For what length of time are you requesting to be allowed to visit? : _____

Pets: *Yes* *No* Description (type, size, age): _____

Have you ever been evicted? : *Yes* *No* Explain: _____

Do you smoke: *Yes* *No* How did you hear about us: _____

IN CASE OF AN EMERGENCY: Name: _____ Phone: _____

Relationship: _____

I/We do hereby certify that the information on this application is correct and complete to the best of my knowledge. I/We do hereby authorize Port Property Management, any of its staff and/or an authorized representative to contact any prior employers, companies, credit bureaus, law enforcement agencies and/or consumer reporting bureaus, including but not limited to Tenant-Net, Inc. I/We agree to pay a \$20.00 application fee with this application. In the event that Port Property Management rejects this application and/or in the event that I/we decide not to move into the aforementioned apartment, I/we understand that the \$20.00 application fee is non-refundable. I authorize and consent to the recording, release and re-publication of this information by Tenant-Net, Inc., without further permission, fee or compensation; and hereby release the above and their agents/servants and employees, including Tenant-Net, from any and all liability and responsibility for said re-use.

APPLICANTS SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

Please note: This application shall be placed in our tenants file, for informational purposes only. The applicant filling out this application is simply to be approved as an extended visitor of our tenant; therefore he/she shall have no rights to the lease for this apartment. Port Property Management will notify the tenant (if not already done) of approval/denial of his/her request for the extended visitor, and the tenant shall be reminded that he/she is responsible for the visitors actions while at our apartment, as indicated in the lease agreement.