HOWELL HOUSE

44 SEWALL STREET

AUGUSTA, ME 04330

TENANT APPLICATION

Welcome to Howell House located at 44 Sewall Street, Augusta, Maine 04330. This Tenant Application is for a one-bedroom unit. Applications are placed in order of the date received. Each Tenant Application is reviewed and an Applicant may be interviewed only after the receipt of this Tenant Application.

Name:		Socia	Social Security Number:			
Street Address:						
City:			:	Zip:		
Telephone Number	:		Date of Birth: _			
Do You Own? (Check All that Apply)		□Condo	□Camp [□Other:		
Do You Rent?	□Yes	□No	Are you Retired	$!? \qquad \Box Yes$	□No	
Marital Status:			ent/Former Occupa	ation:		
Attending Physician	n:					
Street Addre	ess:					
City:		State:		Zip:		
Telephone N	Number:					

APPLICANT

Are you able to pay the monthly rental fee from your income and/or assets? \Box Yes \Box No

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Person you authorize Howell House to contact in an emergency:

Name:	
Street Address:	
City, State, Zip:	
Telephone Number:	
Relationship:	
Person you authorize Howell House to contact who could assist you when needed if differ rom above person:	ent
Name:	
Street Address:	
City, State, Zip:	
Telephone Number:	
Relationship:	

I/we agree to abide by the rules and regulations established by the Board of Howell House and make scheduled payments in a timely manner. I/we understand that I/we must pay a security deposit for this apartment prior to occupancy. I/we understand that my/our eligibility for residence at Howell House will be based on the tenant eligibility criteria. I/we also authorize Howell House to contact anyone in this application who is named as either an emergency contact or an individual who can assist if needed. I/we certify that all information in this application is true to the best of my/our knowledge.

Signature:		Date:	
	Tenant		
Signature:		Date:	
-	Co-tenant		
Please mail to:	Howell House 44 Sewall Street Augusta, ME 04330		

Telephone: (207) 626-5403http://www.thehowellhouse.com