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## Landlord Liaison Program

*Landlord Vacancy Form: Please fill out ONE form per individual apartment listed with Lewiston's Landlord Liaison Program.*

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### **CONTACT INFORMATION**

Property Owner Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Manager Name (if different from Owner): \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred method of contact (check one):     Phone     Text     Email

Does the Owner of this Property own additional properties in Lewiston?     Yes     No

To be eligible for this Program, all Lewiston properties must be current with all taxes, fees and associated utilities. Can you confirm all Lewiston properties are current with such (or in good standing in a payment plan)?     Yes     No

**PROPERTY DETAILS**

Property Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Apartment Number: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

Number of rental units inside the building: \_\_\_\_\_

Does the Property Owner/Manager reside in this building?  Yes  No

Is this rental accessible for individuals with disabilities?  Yes  No

Please indicate apartment amenities (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> In-Unit Laundry | <input type="checkbox"/> Dishwasher              | <input type="checkbox"/> Laundry Room for Building |
| <input type="checkbox"/> Onsite Parking  | <input type="checkbox"/> Pool                    | <input type="checkbox"/> Yard                      |
| <input type="checkbox"/> Security System | <input type="checkbox"/> Close to Public Transit | <input type="checkbox"/> Close to Grocery          |

Other amenities:

Has this property been vacant in the past three months?  Yes  No

If so, for how long has the property been vacant? \_\_\_\_\_

Does this property currently receive any subsidized funding from federal, state, city or non-profits?

If so, which subsidies? \_\_\_\_\_  
\_\_\_\_\_

**LEASE POLICY INFORMATION**

What is the Smoking Policy? \_\_\_\_\_

What is the Pet Policy? \_\_\_\_\_

What is the Guest Policy? \_\_\_\_\_

What is the Parking Policy? \_\_\_\_\_

Trash Policy? \_\_\_\_\_

Any other considerations? \_\_\_\_\_

Which services are included in monthly rent? (circle all that apply)

- |                                      |                                       |  |  |
|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Electric     | <input type="checkbox"/> Heat (gas/electric/oil) | <input type="checkbox"/> Trash Removal |
| <input type="checkbox"/> Lawn Care   | <input type="checkbox"/> Other: _____ |  |  |

# LEWISTON ME

## LEASE FINANCIAL INFORMATION

Fees:

- a. Tenant Application Fee \$ \_\_\_\_\_
- b. Tenant Background Check Fee \$ \_\_\_\_\_

Move-In Deposits:

- First Month's Rent: \$ \_\_\_\_\_
- Last Month's Rent: \$ \_\_\_\_\_
- Security Deposit: \$ \_\_\_\_\_
- Other Deposits: \$ \_\_\_\_\_ (specify) \_\_\_\_\_

Total Amount Tenant to Provide for Move-In: \$ \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_

## PAYMENT INFORMATION

Payment Due Date: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Preferred Method of Monthly Payment: \_\_\_\_\_ Electronic Deposit \_\_\_\_\_ Check

Payment Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment made out to: \_\_\_\_\_

Payment sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify the above information is true and accurate.**

Name of Property Manager: \_\_\_\_\_

Signature of Property Manager: \_\_\_\_\_

Application Date: \_\_\_\_\_