

INSTRUCTIONS

Please complete all sections on both pages. Please print all information. Mark "N/A" in any blanks that do not apply.

RENTAL APPLICATION

34 Frederick Avenue Apartments



Parking (\$ ___/month) Yes ___ No ___		Storage Locker (\$ ___/month) Yes ___ No ___	
Building Address 34 Frederick Ave Halifax		Unit #	Rental Rate
Date Required:			
PERSONAL INFORMATION			
APPLICANT'S Full Name:			H Phone #
First	Initial	Surname	W Phone #
SIN	Date of Birth (M/D/Y)	Email:	
CO-APPLICANT'S Full Name:			H Phone #
First	Initial	Surname	W Phone #
SIN	Date of Birth (M/D/Y)	Email:	
OTHER RESIDENTS (INCLUDE CHILDREN)		RELATIONSHIP	AGE
1.			
2.			
3.			
ADDRESS INFORMATION			
Present Address: (Applicant)	Street	City & Province	Postal Code:
How long there:		Rent amount	
Landlord	phone #	Reason leaving:	
Previous Address:	Street	City & Province	Postal Code:
How long there:		Rent amount	
Landlord	phone #	Reason leaving:	
INCOME/EMPLOYMENT INFORMATION			
APPLICANT'S Income/Employment Information		THIS SECTION MUST BE COMPLETED	
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other			
Employer		<input type="checkbox"/> Current <input type="checkbox"/> Previous	Length of Employment
Employer's Address		Employment Income Amount	
Supervisor/Caseworker (include phone number)		Retirement Income <input type="checkbox"/> Amount Other Income <input type="checkbox"/>	
CO-APPLICANT'S Income/Employment Information		THIS SECTION MUST BE COMPLETED	
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other			
Employer		<input type="checkbox"/> Current <input type="checkbox"/> Previous	Length of Employment
Employer's Address		Employment Income Amount	
Supervisor/Caseworker (include phone number)		Retirement Income <input type="checkbox"/> Amount Other Income <input type="checkbox"/>	

REFERENCES			
Bank Branch & Account # (Applicant)		Bank Branch & Account # (Co-Applicant)	
Bank Address / Phone #		Bank Address / Phone #	
Personal Reference (Applicant)	Address	Phone #	
Personal Reference (Co-Applicant)	Address	Phone #	
AUTOMOBILES			
MAKE / MODEL	YEAR / COLOR	LICENSE PLATE NUMBER	PROVINCE
1.			
2.			
OTHER INFORMATION			
In Case of Emergency Contact (Applicant)		Phone #	
Address		Relationship	
In Case of Emergency Contact (Co-Applicant):		Phone #	
Address		Relationship	
NOTE: Upon execution of the lease and occupancy of the premises by the tenant, the deposit shall become the Security Deposit. ----security deposit waived			
Do you know of any judgments against you?		If yes, please explain:	
Yes	<input type="checkbox"/>	_____	
No	<input type="checkbox"/>	_____	
Have you ever declared bankruptcy?		If yes, please explain:	
Yes	<input type="checkbox"/>	_____	
No	<input type="checkbox"/>	_____	
<p>I/we know that I/we have the right to verify the above information about me/us held by credit reporting agencies, that the Landlord and its agents are entitled to rely on such credit reports as being correct, and I/we release any claim I/we may have arising from reliance on that information.</p> <p>I/we hereby give irrevocable permission to the Landlord or its agents to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain formation about my/our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this rental application or for any amendment or renewal of my/our tenancy. I/we provide my/our irrevocable consent to the Landlord or their agents to disclose information from my rental application and information arising from any tenancy between us to any third party for the purpose of contributing information to a database of tenant information to be used in providing consumer/credit reports.</p> <p>If accepted, I/we undertake to execute a yearly lease in the approved standard form of the province. If, after being notified of acceptance, I/we cancel this agreement to occupy, the security deposit is forfeited as liquidated damages and not as a penalty. It is the responsibility of the tenant to insure his/her unit and its contents.</p> <p>I have read and understood these conditions.</p>			
_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date
PLEASE ATTACH YOUR COMPLETED CONSENT FORM TO THIS APPLICATION.			

**THE LANDLORD (OR ITS AGENT) RESERVES THE RIGHT TO
REJECT THIS APPLICATION AT ITS OWN DISCRETION.**

FOR OFFICE USE ONLY

REFERENCE VERIFICATION	APPLICATION	DEPOSITS	
___ Present Address ___ Co-Resident ___ Previous Address ___ Employment ___ Personal References	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: _____ Initials: _____	Date _____ _____	Amount _____ _____

CONSENT FORM

Building Address	Unit #	Rental \$ Rate	Date Req'd
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I / we hereby give permission to the Landlord or their Agent(s) to obtain a consumer / credit report about me / us, to contact previous landlords to obtain information about my / our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary in order to

- Assess this Rental Application
- Assess any renewal or extension of my / our tenancy
- Pursue any future outstanding debt

I / we also provide my / our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and information arising from any tenancy between us to any third party for the purposes of providing a consumer / credit report or contributing information to a database of tenant information made available to landlords or their agents.

I / we hereby agree that any service of documentation may be delivered / served to and accepted on my / our behalf by my next of kin or any persons residing in my / our residence.

I / we also hereby agree that upon approval of my / our rental application by the Landlord, a color copy of my / our photo identification must be submitted to the Landlord as proof of identification and will be attached to my / our lease agreement.

Applicant's Name (please print)

Applicant's Signature

Witness

Date

Co-Applicant's Name (please print)

Co-Applicant's Signature

Witness

Date

To be completed by Superintendent /Property Manager

**REAL ESTATE 360 PROPERTY ADVISORY LIMITED
APPLICANT INFORMATION VERIFICATION FORM**

Superintendents are to research and verify all background information provided. Once completed, this form is to be signed, attached to the application and forwarded to our main office for further review and processing. This form is to be completed for every applicant applying for the apartment, their Co-signer (if applicable) and sublet applicants. Applications will not be processed without this form.

Applicant or Sublet Applicant

Building: _____ Apt. #: _____

Applicant's Name: _____

Current Address & Tenancy Verified: _____ Landlord: _____

Representative of Landlord Spoken to: _____

Has Tenant paid rent on time? _____ Has Proper Notice to Vacate been Given? _____

Have There Been Any Tenancy Issues: _____

Previous Address & Tenancy Verified: _____ Landlord Representative: _____

Was Rent Paid On Time? _____ Current Employment Information Verified: _____

Representative of Employer Spoken to: _____

Signature Verified from Photo ID: _____

Co-Applicant

Co-Applicant's Name: _____

Current Address & Tenancy Verified: _____ Landlord: _____

Representative of Landlord Spoken to: _____

Has Tenant paid rent on time? _____ Has Proper Notice to Vacate been Given? _____

Have There Been Any Tenancy Issues: _____

Previous Address & Tenancy Verified: _____ Landlord Representative: _____

Was Rent Paid On Time? _____ Current Employment Information Verified: _____

Representative of Employer Spoken to: _____

Signature Verified from Photo ID: _____

Co-Signer

Current Employment Information Verified: _____

Representative of Employer Spoken to: _____

Signature Verified from Photo ID: _____

I hereby acknowledge that I have verified the above applicant's information as outlined above.

Superintendent's Name

Date

**** Please include any additional pertinent notices on reverse.**