## RENTAL APPLICATION FORM

## HOMEFINDERS METRO RENTAL AGENCY #3-644 PORTLAND ST., SUITE 226 TELEPHONE: 902-435-0368 FAX: 902-405-9762 DARTMOUTH, NS B2W 6A3 EMAIL: DAWN@HOMEFINDERSHFX.COM BUILDING & APT.#\_\_\_\_ MONTHLY RENT \_\_\_\_\_POSSESSION DATE\_\_\_\_ PERSONAL INFORMATION \_\_\_\_\_SIN#\_\_\_ NAME IN FULL DATE OF BIRTH M/D/Y \_\_\_\_\_ HOME PHONE \_\_\_\_ CELL\_\_\_\_WORK \_\_\_EMAIL\_ ADDRESS\_\_\_\_\_\_CITY \_\_\_\_\_\_POSTAL CODE\_\_\_\_\_ HOW LONG THERE REASON FOR LEAVING CURRENT RENT \_\_\_\_\_UTILITIES \_\_\_\_\_PETS/TYPE \_\_\_\_\_SMOKERS \_\_\_\_ LANDLORD \_\_\_\_\_ADDRESS\_\_\_ \_\_\_\_\_PHONE \_\_\_\_\_ \_\_\_\_\_POSTAL CODE\_\_\_\_\_ PREVIOUS ADDRESS HOW LONG THERE \_\_\_\_\_REASON FOR LEAVING \_\_\_\_\_ LANDLORD \_\_\_\_\_ADDRESS \_\_\_\_\_PHONE OCCUPANTS - LIST ALL PERSON/AGES THAT WILL OCCUPY UNIT NAME\_\_\_\_\_DOB\_\_\_NAME\_\_\_\_DOB\_\_ NAME\_\_\_\_\_DOB\_\_\_NAME\_\_\_\_DOB\_\_\_\_ NAME\_\_\_\_\_DOB\_\_\_NAME\_\_\_\_DOB\_\_\_\_ SOURCE OF INCOME OCCUPATION \_\_\_\_\_ANNUAL INCOME \_\_\_\_ PHONE HOW LONG EMPLOYER PREVIOUS EMPLOYER \_\_\_\_\_\_PHONE\_\_\_\_\_HOW LONG\_\_\_\_\_ **EMERGENCY** - IN CASE OF EMERGENCY PLEASE CONTACT NAME **ADDRESS** RELATIONSHIP **PHONE**

## **CREDIT INFORMATION**

BANK	BRANCH		ACCT.#	
CREDIT CARDS (1)	ACCT#	(2)	ACCT#	
	EHOLD/PERSONAL EXPENSE			
PERSONAL REFE	DENCES			
NAME	ADDRESS		RELATIONSHIP	PHONE
2				
VEHICLE INFOR	MATION			
MASTER LICENSE #	LICENSE PLATE # MAKE/M	IODEL/YEAR #	SPACES REQUIRED	
1				
I HEDERV HNDEDSTAND	AND ACKNOWLEDGE THAT	r dets od vis	ITING DETS ADE NOT ALL	WED ON THE
				WED ON THE
PREMISES WITHOUT PRI	OR WRITTEN CONSENT FRO	M THE LANDI	LORD.	
	AND ACKNOWLEDGE THAT			
	HERE ARE TO BE NO CHANGI	ES MADE TO T	THE UNIT WITHOUT PRIOR	WRITTEN
PERMISSION FROM THE	LANDLORD/AGENT.			
LHEDEDV OEEED TO LE	ASE FROM		TIII	Z LIMIT DEEEDDED
	EPTED UNDERTAKE TO EXEC			
	IIT. I REPRESENT THAT THE			
	THORIZE YOU TO OBTAIN A			
,	REFERENCES, AND BANKIN			
	ION. I ENCLOSE HEREWITH			
•	POSIT FOLLOWING ACCEPTA		, .	
	ECLINED, THE TOTAL AMOU			
	R ACCEPT OCCUPANCY ON T			
RESPONSIBILITY FOR PA	AYMENT OF THE FIRST MON	THS RENT AN	D YOU ARE HEREBY AUTH	ORIZED TO RENT
THE PREMISES TO SOME	EONE ELSE AND THE HOLDIN	NG DEPOSIT PA	AID HEREWITH SHALL BE	RETAINED BY THE
LANDLORD AS LIQUIDA	TED DAMAGES FOR THE LAI	NDLORDS EXI	PENSE IN RESERVING THE	UNIT. I
UNDERSTAND THAT I W	ILL RECEIVE A COPY OF THI	E RESIDENTIA	L TENANCIES ACT UPON S	SIGNING THE
LEASE. SHOULD THIS OF	FFER BE ACCEPTED, I AGREE	E TO PAY REN	Γ BY PROVIDING A SERIES	OF POST-DATED
CHEQUES FOR THE LEAS	SE TERM OR BY AUTOMATIC	C WITHDRAW A	AL.	
DATED:	ΔΡΡΙ Ι	CANT		