

# APPLICATION FOR RENTAL



Northwood Place  
185 Gary Martin Drive  
Bedford, NS

Phone: (902) 407-8552

**Unit Type (Choose Only One):**

- Studio (\$850-\$950)
- 1 bedroom (\$1025-\$1275 )
- 2 bedroom (\$1,275-\$1,325)

**Preferred Lease Start Date:**

<b>Month</b>	<b>Year</b>

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

### Applicant Personal Information

First Name:		Middle:		Last:	
Date of Birth (mm/dd/yyyy):		SIN:		Phone (H):	
Email Address:			Phone (W):		
Parking Required Y/N	Vehicle Make/Model:		License Plate:		Smoker? Y/N

**Emergency Contact:**

### Applicant Residential History

Present Address:		City:	Postal Code:	How long there:	Rent Amount:
Landlord:	Phone #:	Reason for Leaving:			Notice Given Y/N
Previous Address:		City:	Postal Code:	How long there:	Rent Amount::
Landlord:	Phone #:	Reason for Leaving:			Notice Given Y/N

### Applicant Employment History

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired		Current Employer:	Monthly Income:
		Job Title:	
Supervisor:		Phone:	

### Applicant References

Personal Reference:	Address:	Relationship:	Phone:
Personal Reference:	Address:	Relationship:	Phone:

### Co-Applicant Information

First Name:		Middle:		Last Name:	
Date of Birth (mm/dd/yyyy):		SIN:		Phone (H):	
Email Address:			Phone (W):		
Parking Required Y/N	Vehicle Make/Model:		License Plate:		Smoker? Y/N

**(CONTINUED ON THE OTHER SIDE)**

**Co-Applicant Residential History**

Present Address:	City:	Postal Code:	How long there:	Rent Amount:
Landlord:	Phone #:	Reason for Leaving:		Notice Given Y/N
Previous Address:	City:	Postal Code:	How long there:	Rent Amount:
Landlord:	Phone #:	Reason for Leaving:		Notice Given Y/N

**Co-Applicant Employment History**

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired	Current Employer:	Job Title:
Supervisor:	Phone:	Income: <input type="checkbox"/> Net <input type="checkbox"/> Gross

**Co-Applicant Employment History**

Personal Reference:	Address:	Relationship:	Phone:
Personal Reference:	Address:	Relationship:	Phone:

**FOR OFFICE USE ONLY**

	Initials
It is understood that no smoking is permitted in any of our buildings	_____ / _____
It is understood that No pets or visiting pets are permitted on the premises without the prior written request of Northwood	_____ / _____
It is understood that Proof of Tenant Liability Insurance must be produced before the keys are issued	_____ / _____
It is understood that <i>only</i> those named above will occupy the suite	_____ / _____
It is understood that Pre-Authorized Payment (PAP) is REQUIRED upon signing of the Lease.	_____ / _____
I/we hereby certify that the above information is true and complete and that I/we have not withheld any information relevant to this application. It is also understood that the property management company and / or owner reserve the right to reject the application.	_____ / _____
<p>I/we know that I/we have the right to verify the 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. 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 pervious 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 to assess this rental application or for any amendment or renewal of my/our tenancy.</p>	
Signature of Applicant: _____	Date: _____
Signature of Co-Applicant: _____	Date: _____

**FOR OFFICE USE ONLY**

Lease Start Date:	Unit #:	Type:	Rent Amount:
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