



OFFER TO LEASE

BUILDING: **Fax: 902-425-6988**

- | | | |
|--------------------------|---------------------|------------------|
| <input type="checkbox"/> | Belmont Arms | Ph: 902-404-0181 |
| <input type="checkbox"/> | Summer Crest | Ph: 902-422-9711 |
| <input type="checkbox"/> | 2717 Gladstone Str. | Ph: 902-830-4300 |
| <input type="checkbox"/> | 2761 Gladstone Str. | Ph: 902-830-4300 |

PLEASE NOTE: Our buildings are **PET FREE**. Under no circumstances will pets be permitted.

| | First Applicant | Second Applicant |
|-----------------------------------|------------------------|-------------------------|
| Name in Full | _____ | _____ |
| Age | _____ | _____ |
| Social Insurance # | _____ | _____ |
| Phone | Res: _____ Bus: _____ | Res: _____ Bus: _____ |
| E-Mail Address | _____ | _____ |
| Present Address | _____ | _____ |
| Present Landlord | _____ | _____ |
| Landlord Phone | _____ | _____ |
| Employer | _____ | _____ |
| How long | _____ | _____ |
| Position/Title | _____ | _____ |
| Monthly Income | _____ | _____ |
| Name and Phone # of Supervisor | _____ | _____ |

NEXT OF KIN
(Nearest relative)

Phone Number _____

Professional Reference:

Individual Name _____

Company Name _____

Address _____

Phone _____

Other Persons who will occupy this unit:

1. _____ Age: _____ SIN: _____

2. _____ Age: _____ SIN: _____

3. _____ Age: _____ SIN: _____

Please Note: The Landlord must be aware of all occupants in this unit. Occupancy changes are not permitted without the written consent of the Landlord.

APARTMENT INFORMATION

Type of accommodation wanted: _____ Unit Number: _____ Possession Date: _____

Rent will be \$ _____; Parking will be \$ _____, Storage will be \$ _____, for a total of \$ _____ per month, payable in advance, ***in one cheque***. Security Deposit will be \$ _____, Keyless Entry Device(s) Deposit will be \$ _____, for a total deposit amount of \$ _____. The total deposit amount of \$ _____ was paid on _____, a) by cheque number _____ or b) by cash, receipt of which is hereby acknowledged.

No of Storage Lockers requested: _____ No of Parking Spaces requested: _____ Make of Car: _____

Color: _____ Year: _____ License Plate No: _____ Registration Number: _____

THE LANDLORD WILL NOT PROCESS AN INCOMPLETE APPLICATION

The owner and/or agent for the owner(s) reserves the right to reject this application and to refuse possession of the above mentioned accommodations. NOTE: BEFORE A LEASE IS SIGNED, THE LANDLORD REQUIRES THAT THE SECURITY DEPOSIT IS PAID AND TWELVE (12) POST-DATED CHEQUES IN THE AMOUNT OF THE MONTHLY TOTAL PAYABLE BE PROVIDED TO THE LANDLORD.

By signing, you are aware that a landlord reference, employment verification and a credit report may be sought in the processing of this application, and you hereby grant permission for the owner and/or agent to obtain the same.

Date: _____

Signature of First Applicant

Signature of Second Applicant

Third Applicant

Fourth Applicant

Name in Full _____
 Age _____
 Phone Res: _____ Bus: _____
 E-Mail Address _____
 Social Insurance # _____
 Present Address _____
 Present Landlord _____
 Landlord Phone _____
 Employer _____
 How long _____
 Position/Title _____
 Monthly Income _____
 Name and Phone # of Supervisor _____

 Res: _____ Bus: _____

NEXT OF KIN
 (Nearest relative)
 Phone Number

Professional Reference:

Individual Name _____
 Company Name _____
 Address _____
 Phone _____

Fifth Applicant

Name in Full _____
 Age _____
 Social Insurance # _____
 Phone Res: _____ Bus: _____
 Present Address _____
 Present Landlord _____
 Employer _____
 How long _____
 Position/Title _____
 Monthly Income _____
 Name and Phone # Of Supervisor _____

NEXT OF KIN
 (Nearest relative)
 Phone Number

Professional Reference:

Individual Name _____
 Company Name _____
 Address _____
 Phone _____

Date: _____

 Signature of Third Applicant

 Signature of Fourth Applicant

 Signature of Fifth Applicant