

# RENTAL APPLICATION

**Re/Nat Home Rentals Ltd.**

275 Innovation Dr Unit 508 Bedford NS B4B0N9

Phone: (902) 488-7368 Fax: (902) 443-0690

<b>Property Address:</b>		<b>Unit #:</b>	<b>Agent:</b>
<b>Move In Date (mm/dd/yy):</b>		<b>Rent: \$</b>	<b>Sec. Deposit: \$</b>
<b>Applicant Information</b>			
First Name:		Last Name:	
DOB (mm/dd/yy)		Email	
Phone Home:		Work:	Cell:
Current Address:		City & Prov:	Postal Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly Payment \$	How long?	Pets # lbs
Present Landlord Name & Phone:			Parking Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Employer:		Position:	
Supervisor:	Phone:	Annual Salary: \$	Yrs:
<b>Co-Applicant Information</b>			
First Name:		Last Name:	
DOB (mm/dd/yy)		Email:	
Phone Home:		Work:	Cell:
Current Address:		City & Prov:	Postal Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly Payment \$	How long?	Pets # lbs
Present Landlord Name & Phone:			Parking Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Employer:		Position:	
Supervisor:	Phone:	Annual Salary: \$	Yrs:
<b>Persons Who Will Occupy Home, Other Than Those Listed Above</b>			
Name:		DOB (mm/dd/yy):	
Name:		DOB (mm/dd/yy):	
Name:		DOB (mm/dd/yy):	
<b>References &amp; Emergency Contact Information</b>			
Reference 1	Name:	Address:	Phone:
Reference 2	Name:	Address:	Phone:
Emergency Contact:		Address:	Phone:
<b>Renters Statements</b>			
It is understood that only those who are named above will occupy the home. Upon signing a lease, 12 post dated cheques or automatic withdrawal forms are required along with proof of Tenant Insurance.			
I/we hereby certify that the information provided in this Rental Application is true and that I/we have not withheld any information relevant to this application.			
Re/Nat Rental Agent has permission to obtain a consumer/credit report using the information supplied above. They may also contact my/our employment and personal references, as well as take any other steps they deem necessary to gain information in regards to this rental application .			
I/we understand that a Holding Deposit must be payable at the time my application is submitted, and if rejected as a tenant, the deposit will be returned to me.			
I/we understand that if accepted as a tenant, the holding deposit will become my Security Deposit, and if I/we after being accepted cancels the agreement to occupy, the deposit will be forfeit as liquidated damages, and not as a penalty.			
Initials			
Signature of Applicant:			Date:
Signature of Co-Applicant:			Date:
Approved <input type="checkbox"/> Date:		Not Approved <input type="checkbox"/> Date:	Agent:

