APPLICATION FOR RENTAL **Arsenal Developments Limited** 1A Boland Road, Dartmouth, NS B3A 0B8 Phone/Fax: (902) 444-3011 Unit: **Building Address:** # of Bedrooms: Possession Date: Rent: Security Deposit: **Applicant Information** First Name: Last Name: Date of Birth (yyyy/mm/dd): Phone: Email: Current Address: Postal Code: City & Province: Written Notice Given? Yes No Monthly Payment: How Long? PRESENT LANDLORD INFORMATION: Name: Phone Number: CURRENT EMPLOYER: Position: Phone Number: Annual Salary: Years Employed: Supervisor: **Co-Applicant Information** First Name: Last Name: Date of Birth (mm/dd/yyyyy): Phone: Email: Current Address: Postal Code: City & Province: OWN RENT Written Notice Given? Yes No Monthly Payment: How Long? PRESENT LANDLORD INFORMATION: Name: Phone Number: CURRENT EMPLOYER: Position: Phone Number: Annual Salary: Supervisor: Years Employed: Persons Who Will Occupy Suite, Other Than Those Listed Above Name: Date of Birth (mm/dd/yyyyy): Date of Birth (mm/dd/yyyyy): Name: Date of Birth (mm/dd/yyyyy): Name: **References & Emergency Contact Information** REFERENCE 1 Phone: REFERENCE 2 Address: Phone: Name: Phone: **Emergency Contact:** Address: NO PETS OR VISITING WITHOUT PERMISSION OF THE LANDLORD. Initials It is understood that only those who are named above will occupy the suite. Upon signing a lease, 12 post dated cheques are required along with proof of Tenant Insurance. Initials _ I/we hereby certify that the information provided in this Application for Rental is true and that I/we have not withheld any information relevant to this application. I/we also understand that the Landlord or Agent of the Landlord reserves the right to reject this application without any reason being given. Initials _ In signing this Application for Rental, I/we hereby give the Landlord or Agent of the Landlord to obtain at any time a consumer/credit report using the information supplied above, the landlord 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 or to update information during and after my tenancy. Initials 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. Initials ____ 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 Applicant: Date: APPROVED NOT APPROVED DATE NOTES: