

THE ARBOR VICTORIAN LIVING

RENTAL APPLICATION

Office: (902) 403-6393

Email: management@thearbortvictorianliving.ca

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Date _____

Name: _____

Birth date: _____

Driver's License No: _____

Telephone No.: _____

Present Address _____

Email address _____

Home Apartment Own Rent . How Long? _____

Marital Status _____

Present Rental (\$) _____

Number of Persons to Occupy Unit _____

The Application for Townhouse/Apartment # _____

Approx. Date of Occupancy _____

How long to you plan to live in the rental unit? _____

Only persons listed on this application will be permitted to occupy the premises.

Have you ever broken a lease? _____ If so, what was the reason _____

Have you ever refused to pay rent for any reason? _____

Have you ever filed for bankruptcy? _____

Names (Tenants to occupy the unit)	Relationship	Age	Email address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Apartment/Townhouse 1st Choice _____ 2nd Choice _____ Monthly Rental _____

Number of Vehicles _____ Valid Registration and Inspection? _____

Vehicle #1 (Make, Model, Colour, Year) _____

Vehicle #2 (Make, Model, Colour, Year) _____

Vehicle #3 (Make, Model, Colour, Year) _____

Tenant 1	Tenant 2
Occupation _____	Occupation _____
Full or Part Time _____	Full or Part Time _____
Employed by: _____	Employed by _____
Address _____	Address _____
How Long? _____ Annual Income? _____	How Long? _____ Annual Income? _____
Business Telephone _____	Business Telephone _____
Bank: _____	Bank _____
Branch _____	Branch _____

References:

Personal	Name	Address	Telephone
(1)	_____	_____	_____
	Relationship _____	How Long? _____	
(2)	_____	_____	_____
	Relationship _____	How Long? _____	
<i>Professional (e.g. attorney, doctor)</i>			
(1)	_____	_____	_____
	Relationship _____	How Long _____	
(2)	_____	_____	_____
	Relationship _____	How Long _____	

Current Landlord/Superintendent/Owner/Mortgage Company

Name

Address

Telephone

Reason for Moving _____

No. of Cheques returned NSF _____ **No. of late payments** _____

Emergency contact:

Name _____ **Phone number** _____

Address _____

Do you give management permission to contact the personal or professional references listed above, both now and in the future for rental consideration or for collection purposes should they be deemed necessary? _____

Thank you for completing an application to rent from us. Please sign below. Also note that a completed application requires submission of the following documents which will be copied and attached to this application.

_____ **Driver's License or Social Insurance Number**

_____ **Two weeks of the most current pay stubs of each income source listed.**

_____ **If self-employed most current tax return as proof of income.**

If applicant has misstated the number of persons in applicant's family or the number of persons intended to occupy apartment, or if applicant has made any misstatements of facts in the application or if applicant has made any other misstatement of material facts relating to the application and/or lease, or if applicant fails to complete the application, the landlord, at its option may cancel the lease without notice.

The Applicant represents that no real estate broker, nor any other person, is entitled to any commission whatsoever for this rental.

Owner and/or Agent for the owner reserve the right to reject this application and to refuse possession of the above-mentioned accommodations.

The applicant offers to lease the said townhouse and hereby agrees to pay the sum of \$ _____ as a holding fee on the understanding that if the offer is accepted the fee shall be retained by the landlord or his agent as a Security Deposit during the tenancy of the premises and will be refunded at termination of the tenancy pursuant to the Residential Tenancies Act provided all the covenants of the Lease Agreement have been complied with and that the premises are left in a proper state of cleanliness and repair, reasonable wear and tear excepted, AND, if the offer is not accepted, the full deposit will be refunded, PROVIDED HOWEVER, that if on notification of the offer the Tenant fails to execute the lease the said fee shall forthwith be forfeited and retained by the Landlord or his agent.

Signature of Applicants _____

Leasing Agent _____

I/We the undersigned, grant permission for Arbor Vitalia Ltd. to obtain and/or exchange personal or financial information from/with any personal information agency towards verifying or establishing my financial standing.

Name _____, **Date** _____, **Signature** _____

Name _____, **Date** _____, **Signature** _____

LOANS and/or MAJOR FINANCIAL COMMITTEMENTS

Institution	Address	Monthly Payment	Balance
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

THANK YOU FOR APPLYING