

# AB COMPLEX INC.

129 BENNETT DRIVE

GANDER, NL

A1V 1Z3

Phone:(709) 256-7826

Fax:(709) 256-7314

abcomplex@bellaliant.com

## Application For Rental Unit

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address: *Street* \_\_\_\_\_ *Town* \_\_\_\_\_ *Prov.* \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ EMAIL: \_\_\_\_\_

Did you rent, own, reside with relative, etc?

How Long \_\_\_\_\_ (if less then two years, please provide past two years addresses, reasons for moving  
and Landlord's names, if applicable)

Employer & Address \_\_\_\_\_

Salary \_\_\_\_\_ Phone Number(Work) \_\_\_\_\_

Credit Reference (Please Provide Three with Phone Number)

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Personal Reference (Non-Family and Please Provide Three with Phone Number)

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Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Make and Model of Vehicle(1) \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

Number of Bedrooms Requested \_\_\_\_\_ Date of Occupancy \_\_\_\_\_

AB Complex Inc. reserves the right to reject this application. Applicant represents that the information provided therein is true and undertakes to abide by the terms of the Lease and all Rules and Regulations made pursuant thereof. The Applicant hereby Authorizes AB Complex Inc. to obtain from consumer reporting agencies information as defined in the Consumer's Reporting Act and to contact the above Landlords & References inquiring about the applicant.

Applicant hereby provides a Holding Deposit with AB Complex Inc. and agrees to forfeit this deposit if this application is approved and the applicant refuses to take occupancy.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use--Do Not Write Below This Line