

BEUKEMA & NELSON INC.

685 Old Sackville Road
Lower Sackville, Nova Scotia
B4C 4B7

Phone: (902) 865 – 3200

Fax : (902) 865 – 3884

RENTAL APPLICATION

INSTRUCTIONS

Please complete all sections listed below and on the back. Any questions that do not apply, place N/A in the space

Thank you for your interest.

APARTMENT SIZE REQUIRED – CIRCLE ONE BACHELOR 1 BEDROOM 2 BEDROOM 3 BEDROOM				DATE REQUIRED				
NAME OF BUILDING			UNIT #		RENT \$			
PERSONAL INFORMATION								
APPLICANT'S FULL NAME				PHONE #				
S.I.N. (OPTIONAL)		D.O.B		MARITAL STATUS		AGE		
CO-APPLICANT'S FULL NAME				PHONE NO.				
S.I.N. (OPTIONAL)		D.O.B		MARITAL STATUS		AGE		
OTHER RESIDENTS (INCLUDE CHILDREN)				RELATIONSHIP		AGE		
1.								
2.								
3.								
RESIDENTIAL HISTORY								
PRESENT ADDRESS				POSTAL CODE		LANDLORD		
LANDLORD'S PHONE NO.		HOW LONG?		RENT AMOUNT		REASON FOR LEAVING		
PREVIOUS ADDRESS				POSTAL CODE		LANDLORD		
LANDLORD'S PHONE NO.		HOW LONG?		RENT AMOUNT		REASON FOR LEAVING		
APPLICANT EMPLOYMENT HISTORY								
STATUS: FULL TIME ___ PART-TIME ___ STUDENT ___ RETIRED ___ UNEMPLOYED ___					SALARY			
EMPLOYER: ___ CURRENT ___ PREVIOUS					LENGTH OF EMPLOYMENT			
EMPLOYERS ADDRESS		CITY		PROV.		POSTAL CODE		PHONE #
SUPERVISOR		APPLICANT'S POSITION			INCOME FROM OTHER SOURCES			
CO-APPLICANT EMPLOYMENT HISTORY								
COMPANY NAME				PHONE #		SUPERVISOR		
ADDRESS		CITY		PROV.		POSTAL CODE		APPLICANT'S POSITION
LENGTH OF EMPLOYMENT		SALARY			INCOME FROM OTHER SOURCES			

REFERENCES			
NAME OF BANK		LOCATION	
CREDIT REFERENCE		ADDRESS & PHONE #	
PERSONAL REFERENCE		ADDRESS & PHONE #	
LOANS			
INSTITUTION	ADDRESS	MONTHLY PAYMENT	BALANCE
1.			
2.			
3.			
AUTOMOBILES			
MAKE\MODEL	YEAR\COLOUR	LICENSE PLATE #	PROVINCE
1.			
2.			
“NO PETS ALLOWED”			
OTHER INFORMATION			
IN CASE OF EMERGENCY CONTACT			RELEATIONSHIP
ADDRESS			PHONE #
COMMENTS			
<p>I (we) certify that the above information is correct and I (we) understand that this application may be revoked if any information furnished upon this application is found to be incorrect. I (we) authorize you to contact any references listed on this application and to complete credit checks on all applicant(s). If this application is approved and the applicant(s) decides not to enter into a lease agreement, the applicant(s) agrees to forfeit the Security Deposit in full.</p>		APPLICANT(S) SIGNATURE(S): <hr/> <p style="text-align: center;">SIGNATURE DATE</p> <hr/> <p style="text-align: center;">SIGNATURE DATE</p>	
APPLICANT(S) INITIALS: _____			
-FOR OFFICE USE ONLY-			
DATE OF APPLICATION		APPLICATION RECEIVED BY	
REFERENCE VERIFICATION	APPLICATION	DEPOSITS	
<input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> PREVIOUS ADDRESS <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> CO-RESIDENT INFORMATION <input type="checkbox"/> BANK <input type="checkbox"/> CHEQUING <input type="checkbox"/> CREDIT <input type="checkbox"/> LOANS	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED DATE OF APPROVAL/ DISAPPROVAL _____ SIGNATURE _____ APARTMENT # _____ BUILDING _____ DATE OF OCCUPANCY _____	 DATE AMOUNT <hr/> <hr/> <hr/> <hr/>	
COMMENTS			