



Rental Application

101, 7 Pinehill Drive, Lower Sackville, Nova Scotia B4C-0E8
Phone • (902)818-4301 Fax • (902) 445-2772 email: Office@Murexrealty.ca

Date _____ Date unit required _____
Building Address _____
Suite _____ Type _____ Monthly Rent \$ _____ Parking \$ _____

A **DEPOSIT** cheque or E-transfer payable to the Landlord for \$ _____ (1/2 one month rent) within 24 hours from the application approval.

Applicant

(Surname) (Given) (Middle)

S.I.N. # _____ Date of birth: Month _____ Day _____ Year _____

Marital Status: ☐ Married ☐ Separated ☐ Single ☐ Common-law

Current Address:

Length of stay _____ Address _____ City _____

Province _____ Postal Code: _____ Phone (____) _____

Reason for moving: _____ ☐ Owned home ☐ Rented

If rented, Landlord's name: _____ Landlord's phone: (____) _____

Previous Address if above is less than two years:

Length of stay _____ Address _____ City _____

Province _____ Postal Code: _____ Phone (____) _____

Reason for moving: _____ ☐ Owned home ☐ Rented

If rented, Landlord's name: _____ Landlord's phone: (____) _____

Present Employer:

(Name and full address)

☐ Full time ☐ Part time Length of Employment _____ Phone (____) _____

Your Position _____ Supervisor's Name _____ Income _____

Previous employer (if less than 1 year at present employer):

(Name and address)

☐ Full time ☐ Part time Length of Employment _____ Phone (____) _____

Your Position _____ Supervisor's Name _____ Income _____

Reason for leaving: _____

Spouse Information (Roommate or common law less than 2 years, must fill out own application):

Name: _____ Employer: _____

☐ Full time ☐ Part time Length of Employment _____ Phone (____) _____

Your Position _____ Supervisor's Name _____ Income _____

Dependent Children: (please note last name if different from above)

Name: _____ M / F Name: _____ M / F

Name: _____ M / F Name: _____ M / F

A CREDIT CHECK MAY BE DONE - IF YOU HAVE BAD CREDIT, YOU WILL NOT BE APPROVED

Credit Reference

Bank _____ Address _____
☐ Visa ☐ Master Card ☐ Other _____

Personal Reference (Must fill out full mailing addresses)

1. Name _____ Phone (____) _____
Address: _____ City _____ Province: _____
2. Name _____ Phone (____) _____
Address: _____ City _____ Province: _____

In Case of Emergency:

Name _____ Phone (____) _____
Address: _____ City _____ Province: _____

Vehicles:

Make _____ Year _____ License _____
Make _____ Year _____ License _____

Do you have any pets? ☐ Yes ☐ No If yes, what kind _____ (See Pet Policy for the building prior to applying)

Do you or any of the other tenants occupying the unit smoke? ☐ Yes ☐ No

I/We, the undersigned, warrant the truth, completeness and accuracy of the foregoing information and hereby authorize and consent to the landlord and its agents (Murex Realty Inc.) obtaining further information about me/us and to check the information that has been given by me/us. The Landlord and its agents (Murex Realty Inc.) may also disclose information about me/us to Credit Bureaus, credit agencies and other persons with whom I/We have, or propose to have, financial dealings, or if it believes the disclosure is required by law. I/We agree that this application will be retained by the landlord and its agents (Murex Realty Inc.) should I enter into a rental agreement with the landlord and its agents (Murex Realty Inc.) however, it will be destroyed if I do not. This information will only be used for the purpose of reviewing my rental request and follow up of the subsequent rental agreement, and no other purpose.

Signature of Applicant(s)

Incomplete information will result in processing delay or rejection

Office Use Only

Time Verified _____ G Rent on Time G NSF's G Damages G Eviction G Clean
Reason for Leaving _____ Would you rent to them again? _____
Contact person _____ Contact person _____
Comments _____
Employment Verified _____ Contact person _____
G Approved G Not Approved Date: _____ Signature: _____