

APPLICATION FOR RENTAL



19 Pettipas Drive, Unit A,
Dartmouth, N.S. B3B 1K1
www.twincity.ca

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Please complete all sections on both pages. Please print all information. Mark "N/A" in any blanks that do not apply.

Building Address:	Apt #	# Bdrms:
Date Required:	Rent: \$	Sec Dep: \$

Applicant Personal Information

First Name:		Middle	Last Name	
Date of birth (mm/dd/yyyy)	SIN		Phone (H):	
Email Address:			Phone (W):	
Parking Required Y / N	Vehicle Make/Model:	Licence Plate:	Smoker? Y / N	

Applicant Residential History

Present Address		City	Postal Code	How long there	Rent amount
Landlord	Phone #	Reason for leaving			Notice Given Y / N
Previous Address		City	Postal Code	How long there	Rent amount
Landlord	Phone #	Reason for leaving			Notice Given Y / N

Applicant Employment History

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	Current employer:	Job Title:
Supervisor:	Phone:	Income: <input type="checkbox"/> Net <input type="checkbox"/> Gross

Applicant References

Banking/Credit	Address	Account Type / Number	Phone
Personal Reference	Address	Relationship	Phone

Co-Applicant Information

First Name:		Middle	Last Name	
Date of birth (mm/dd/yyyy)	SIN		Phone (H):	
Email Address:			Phone (W):	
Parking Required Y / N	Vehicle Make/Model:	Licence Plate:	Smoker? Y / N	

Co-Applicant Residential History

Present Address		City	Postal Code	How long there	Rent amount
Landlord	Phone #	Reason for leaving			Notice Given Y / N

(CONTINUED ON OTHER SIDE)

Previous Address	City	Postal Code	How long there	Rent amount
Landlord	Phone #	Reason for leaving		Notice Given Y / N

Co-Applicant Employment History

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	Current employer:	Job Title:
Supervisor:	Phone:	Income: <input type="checkbox"/> Net <input type="checkbox"/> Gross

Co-Applicant References

Banking/Credit	Address	Account Type / Number	Phone
Personal Reference	Address	Relationship	Phone

Persons To Occupy Suite OTHER Than Above Applicants

Name	Date of birth (mm/dd/yyyy)	SIN
Name	Date of birth (mm/dd/yyyy)	SIN
Name	Date of birth (mm/dd/yyyy)	SIN

How did you hear about this apartment?

Kijiji	_____	Website	_____	Newspaper	_____	Tenant Referral	_____
Other	_____						

It is understood that No pets or visiting pets are permitted on the premises without the prior written request of Twin City Management _____ / _____

I/We hereby give permission to Twin City Management to provide contact information to Bell Aliant to assist with telecommunication requirements and to advise of incentives and discounts available to Twin City Management Tenants _____ / _____

It is understood that Proof of Tenant Liability Insurance must be produced before the keys are issued _____ / _____

It is understood that smoking (of any materials) and the cultivation of cannabis are NOT allowed on the property _____ / _____

I/we hereby certify that the above information is true and complete and that I/we have not withheld any information relevant to this application. It is also understood that the property management company and / or owner reserve the right to reject this application. _____ / _____

I/we know that I/we have the right to verify the information about me/us held by credit reporting agencies, that the landlord and its agents are entitled to rely on such credit reports as being correct, and I/we release any claim I/we may have arising from reliance on that information.

I/we hereby give irrevocable permission to the Landlord or its agents to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this rental application or for any amendment or renewal of my/our tenancy.

I/we provide my/our irrevocable consent to the Landlord or their agents to disclose information from my rental application and information arising from any tenancy between us to any third party for the purpose of contributing information to a database of tenant information to be used in providing consumer/credit reports.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____



FOR OFFICE USE ONLY

Date viewed:	Date rec'd:	Approved	Declined:
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