

STONEYBROOK APARTMENTS

I hereby make application to rent the property located at _____. Apartment number ____,
 Beginning on the _____ day of _____, 20___. For a period of **12 months OR 12.5 months**.
 At a monthly rent of \$ _____

Name of Applicant:	Year/Month/Day D.O. B
Drivers License:	S.I.N:
Daytime Phone:	Evening Phone:
Email:	

Starting with your current address list at least 2 prior addresses going back to maximum of 7 years.

Address	City	Postal Code	Years	Landlord's Name & Tel. No

Written confirmation of all employment/income information is required before approval of application.

Present Employer:	Contact	Tel:
Position	Salary	Start Date?
Other Income	Administrator:	Tel:
Bank Name and Branch:	Contact:	Acct. No:

Other applications attached? Yes, No If yes, how many? _____

List of other Occupants & Dates of Birth:	
Year, Make & Model of Auto:	License Plate:

Have you ever filed for bankruptcy? Yes? _____ No? _____ Discharge Date: ____/____/____

How many evictions have been filed or commenced on you? _____

How many animals do you have and which type? _____

Personal Reference:	Address:	Telephone:

Emergency Contact-For example: Non-payment of rent, building emergencies, floods, fires etc.

Next of Kin:	Relation:	Telephone:

I agree to pay for the following services:

Outdoor parking @ \$10.00 per month. Parking is subject to availability.

I/We enclose a deposit of a half month's rent \$ _____

Total Deposit \$ _____

Once this application is accepted, we will require a deposit of half months rent in certified funds, Money order, Bank Draft.

Picture Identification must accompany this application

Management assesses each application in accordance to the Nova Scotia Human Rights Commission. Among qualities reviewed, but not limited to, Management will evaluate credit history, rental and landlord history, reference reviews, completeness of application and information within, income information and any other information that the Landlord may find pertinent at the time of application. An incomplete application or an application that intentionally misrepresents the tenant will be reason for disqualification and/or future consideration.

It is the policy of Stoneybrook Apartments, that should an application be refused, Management will not provide any specific reasons for the decision.

All or part of the deposit may be forfeited to cover expenses involved to process my application, and if necessary, finding another tenant, if the apartment is refused by applicant after verification has taken place.

I agree to observe the rules of the house as set out by the Landlord and be in possession of tenant's insurance.

I authorize Stoneybrook Apartments and its agents or assignees to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me, ensure the completeness of the information and maintain the integrity of the credit granting system and to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect you and me from fraudulent transactions. I also authorize you to obtain a personal credit information report related to this application and to verify directly the information I have supplied above.

I agree that smoking is prohibited in my rental unit and in the building. There shall not be any smoking within 9 meters/ 30 feet from the building. I also acknowledge that this building is transitioning to a smoke-free building and that until the transition has been completed, there will continue to be smoking permitted in the 'grandfathered' units of the building.

Date: _____ / **Applicant's Signature:** _____

<u>For Office Use Only</u>		
Approved or Refused		
Lease name(s): _____		
Lease start date: _____	Lease end date: _____	Total Lease term: _____
Monthly rent: \$ _____	Lease obligation: \$ _____	
FMR: \$ _____	LMR: \$ _____	
Date: _____	Total certified funds due: _____	
Authorized and verified by: _____		