

BROADWAY PROPERTIES LIMITED

2 Bluewater Road
Bedford, Nova Scotia
B4B 1G7

Phone: 902-835-4919 or Fax: 902-835-0680

INSTRUCTIONS:

Please complete all sections on both pages.

Please print all information.

Mark "N/A" in any blanks that do not apply.

RENTAL APPLICATION

APARTMENT SIZE REQUIRED	<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom		
Building Address:	Unit :	Rental Rate :	Date Required:			
PERSONAL INFORMATION						
APPLICANT'S FULL NAME:			Phone #			
First:	Initial:	Surname:	Work Phone #			
Email Address:						
SIN	Date of Birth	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married		
			<input type="checkbox"/> Divorced	<input type="checkbox"/> Common Law		
CO-APPLICANT'S FULL NAME:			Phone #			
First:	Initial:	Surname:	Work Phone #			
Email Address:						
SIN	Date of Birth	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married		
			<input type="checkbox"/> Divorced	<input type="checkbox"/> Common Law		
OTHER RESIDENTS (INCLUDE CHILDREN)		RELATIONSHIP	AGE			
1						
2						
3						
RESIDENTIAL HISTORY						
Present Address:		Postal Code:	How long there:	Rent amount:		
Landlord:	Phone #	Reason Leaving:				
Previous Address:		Postal Code:	How long there:	Rent amount:		
Landlord:	Phone #	Reason Leaving:				
EMPLOYMENT HISTORY						
APPLICANT'S Employment History						
Status :	<input type="checkbox"/> 1 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:		Length of Employment:				
Supervisor/Caseworker:		Phone #	Income			
CO-APPLICANT'S Employment History						
Status :	<input type="checkbox"/> 1 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:		Length of Employment:				
Supervisor/Caseworker:		Phone #	Income			
(CONTINUED ON THE NEXT PAGE)						

REFERENCES

Bank Reference:	Address:
Chequing Account #	Saving Account #
Credit Reference:	Credit Account #
Address:	Phone #
Personal Reference:	
Address:	Phone #

LOANS

INSTITUTION	Address	Monthly Payment	Balance

AUTOMOBILES

MAKE/MODEL	YEAR/COLOUR	LICENSE PLATE NUMBER	PROVINCE

OTHER INFORMATION

In Case of Emergency Contact:	Phone #
Address:	Relationship:

NOTE: Upon execution of the lease and occupancy of the premises by the tenant, the deposit, if there is one, shall become the Security Deposit where applicable, otherwise shall become a rent deposit to be applied towards the last month's rent.

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

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date

I/we hereby give permission to Landlord or their Agent(s) 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 renewal or extension of my/our tenancy. I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and information arising from any tenancy between us to any third party for the purposes of providing a consumer/credit report or contributing information to a database of tenant information made available to landlords or their agents.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date

FOR OFFICE USE ONLY

REFERENCE VERIFICATION	APPLICATION	DEPOSITS	
<input type="checkbox"/> Present Address <input type="checkbox"/> Previous Address <input type="checkbox"/> Employment <input type="checkbox"/> Co-Resident <input type="checkbox"/> Previous Address <input type="checkbox"/> Saving ____ Credit ____ Loans	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: _____ Initials: _____ Final Building & Apt #: _____ Date of Occupancy: _____	Date	Amount
		_____	_____
		_____	_____
		_____	_____