

DANIEL RENTAL PROPERTIES

100 WALKER AVENUE, SUITE #:109, LOWER SACKVILLE, NS, CANADA, B4C 4B3
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BUILDING: _____ APARTMENT #: _____
APARTMENT SIZE: _____ DESIRED DATE OF OCCUPANCY: _____

NAME IN FULL: _____ DATE OF BIRTH: _____
SIN: _____ Email: _____ PHONE NUMBER (BUS): _____

ROOMMATE'S NAME IN FULL: _____ DATE OF BIRTH: _____
SIN: _____ Email: _____ PHONE NUMBER (BUS): _____

ADDITIONAL PERSONS: NAME: _____ DATE OF BIRTH: _____
NAME: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____ PHONE NUMBER (RES): _____
_____ POSTAL CODE: _____

HOUSE: _____ APT.: _____ RENT: _____ OWN: _____ RENTAL RATE: _____ HOW LONG: _____ TERM OF LEASE: _____
REASON FOR LEAVING: _____
PRESENT LANDLORD'S NAME: _____ PHONE NUMBER: _____

PREVIOUS ADDRESS: _____
PREVIOUS LANDLORD'S NAME: _____ PHONE NUMBER: _____

NEXT OF KIN (NOT WITH YOU): _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE NUMBER: _____

CAR MAKE & MODEL: _____ YEAR: _____ PLATE NUMBER: _____ PROVINCE: _____
BANK: _____ BRANCH: _____ ACCOUNT TYPE: _____ ACCOUNT NUMBER: _____

<u>EMPLOYMENT:</u>	<u>SELF:</u>	<u>ROOMMATE:</u>
OCCUPATION: _____	_____	_____
EMPLOYER: _____	_____	_____
ADDRESS: _____	_____	_____
PHONE NUMBER: _____	_____	_____
HOW LONG: _____	_____	_____
YEARLY INCOME: _____	_____	_____

PREVIOUS EMPLOYER: _____
PHONE NUMBER: _____

REFERENCES: CREDIT:

1 - COMPANY: _____
ADDRESS: _____
ACCOUNT NUMBER: _____

2 - COMPANY: _____
ADDRESS: _____
ACCOUNT NUMBER: _____

I/we represent that the information provided in this application is true and correct. The undersigned hereby gives authorization to conduct a personal investigation & by my signature accepts as notice in writing of, and authorises the obtaining of any information required related to this application from any source to which it may apply, and each such source is hereby authorised to provide with such information. If the offer is declined, the total amount given, without interest, will be returned. Should I/we not accept occupancy on the above possession date, you are hereby authorised to rent these premises to someone else and one month's rent paid herewith shall be retained as liquidated damages for expense in reserving the apartment and processing the application.

RENT:\$ _____ PER MONTH. SECURITY DEPOSIT (IN ADVANCE):\$ _____ DATE: _____ CASH: _____ CHEQUE #: _____

SIGNATURE: _____ SIGNATURE: _____ DATE: _____
_____ (INITIALS REQUIRED) YES, I HAVE RECEIVED A COPY OF THE RESIDENTIAL TENANCY ACT AND SCHEDULE 'C' (HOUSE RULES)