

51 Innovation Drive
Bedford, Nova Scotia
B4B 0G4
902-333-5151



APARTMENT RENTAL APPLICATION

Please Fill Out & Email to info@theedgeresidence.ca

SECTION 1 - PERSONAL INFORMATION

*All Occupants (adult or children) must be listed even if only residing part-time with resident.

APPLICANT #1 (Full Name) _____

MAIN NUMBER (____) _____ ALTERNATIVE NUMBER (____) _____

DATE OF BIRTH _____ DRIVER'S LICENSE NUMBER _____

EMAIL _____

APPLICANT #2 (Full Name) _____

MAIN NUMBER (____) _____ ALTERNATIVE NUMBER (____) _____

DATE OF BIRTH _____ DRIVER'S LICENSE NUMBER _____

EMAIL _____

OTHER OCCUPANTS NAME/ RELATIONSHIP/BIRTHDATE

1. _____ / _____ / _____

2. _____ / _____ / _____

3. _____ / _____ / _____

4. _____ / _____ / _____

DO YOU HAVE ANY PETS? IF SO, SPECIFY _____

SECTION 2 - RENTAL HISTORY

(Must have a complete address including City, Province & Postal Code)

APPLICANT #1

PRESENT ADDRESS _____ HOW LONG _____

PRESENT LANDLORD _____ PHONE NUMBER _____

PREVIOUS ADDRESS _____ HOW LONG _____

PREVIOUS LANDLORD _____ PHONE NUMBER _____

APPLICANT #2

PRESENT ADDRESS _____ HOW LONG _____

PRESENT LANDLORD _____ PHONE NUMBER _____

PREVIOUS ADDRESS _____ HOW LONG _____

PREVIOUS LANDLORD _____ PHONE NUMBER _____

SECTION 3 - EMPLOYMENT HISTORY

APPLICANT #1

PRESENT EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

LENGTH OF EMPLOYMENT _____ OCCUPATION _____ SALARY _____

APPLICANT #2

PRESENT EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

LENGTH OF EMPLOYMENT _____ OCCUPATION _____ SALARY _____

SECTION 4 - GENERAL INFORMATION

TRANSPORTATION - ONE PARKING SPOT IS INCLUDED IN RENTAL AGREEMENT. DO YOU REQUIRE AN ADDITIONAL SPOT AT LISTED FEE PER MONTH? YES _____ NO _____

1. TYPE OF AUTO _____ YEAR _____ COLOUR _____ PLATE NUMBER _____

2. TYPE OF AUTO _____ YEAR _____ COLOUR _____ PLATE NUMBER _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ RELATIONSHIP _____

PHONE _____ ADDRESS _____

PERSONAL REFERENCES

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

SECTION 5 - OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY? _____

PLEASE INDICATE OF ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION:

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SECTION 6 - DEPOSITS

By checking the line and typing your full name in the space provided below, you declare that all your statements in this application are true and complete. By submitting this electronic application, you authorize The Edge Residence to verify your information through any means , including any consumer or criminal record reporting agencies and rental housing owners. If you fail to answer any question or give false information, The Edge Residence may reject your application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offence. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from losing party. The property may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favourable and unfavourable information about your compliance with the Lease Contract, the rules and financial obligations.

_____ I HAVE READ AND ACCEPT THE TERMS OF THE APPLICATION AGREEMENT

Authorized / Acknowledged by (Sign your full name below)

X _____ DATE _____

X _____ DATE _____

FOR OFFICE USE ONLY

MOVE - IN DATE _____ SUITE # _____

UNIT TYPE _____ MONTHLY RENT _____