



OFFER TO LEASE

Office Address: 90 Esplanade, Suite # 6 Truro, NS B2N 2K3
Phone: 902-893-4403 & Fax: 902-843-0700

Name: _____

Present Address: _____

Present Landlord: _____

How long have you lived there: _____

Nearest Relative: _____

Address: _____

Number of people who will occupy this unit: _____

Name: _____

Name: _____

Name: _____

EMPLOYMENT / SOURCE OF INCOME

Company Name: _____

Position: _____

Company Address: _____

Length of Employment: _____

Monthly Income: _____

Name of Supervisor: _____

Phone: _____

Other Income: _____

REFERENCES - no family members please

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APARTMENT INFORMATION

Building Address: _____

Monthly rent: _____

Make of Car: _____

Year of Car: _____

Possession Date: _____

Security Deposit: _____

Pets: _____

Smoker: _____

PLEASE NOTE: Security deposit is required to "HOLD" an apartment.
The Landlord requires 12 postdated cheques for the monthly amount of the rent, at signing of lease, before keys are turned over. By signing, you hereby grant permission for the Landlord to check references, employment verification and credit report.

Office Approval _____

Signature of Applicant _____

Signature of Applicant _____