



PO Box 548, Mahone Bay, NS, B0J 2E0
 Phone: **902.521.7565** Fax: **902.530.3292**
 Email: **Pat@lifestyledevelopments.ca**
 Web: **www.LifestyleDevelopments.ca**

RENTAL APPLICATION

Applicant Information			
Name:			
Date of birth:	SIN:	Phone:	
Current address:			
City:	Province:	Postal Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	Province:	Postal Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	Province:	Postal Code:	Phone:
Relationship:			
Co-applicant Information, if Married			
Name:			
Date of birth:	SIN:	Phone:	
Current address:			
City:	Province:	Postal Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	Province:	Postal Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
References			
Name:	Address:	Phone:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:



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TENANT VEHICLE INFORMATION

Year	Make	Model	Color	Plate Number
1.				
2.				