

APPLICATION FOR RENTAL



LIVE MORE

2615 Northwood Terrace
Halifax, NS B3K 3S5

Phone: (902) 440-2574
Fax: (902) 462-8667

Please complete all sections on both pages. Please print all information. Mark "N/A" in any blanks that do not apply.

Building Address: <input type="checkbox"/> Northwood Manor 2630 Gottingen Street	<input type="checkbox"/> bachelor	<input type="checkbox"/> 1 bedroom
<input type="checkbox"/> Northwood Towers 2641 Northwood Terrace	<input type="checkbox"/> bachelor	<input type="checkbox"/> 1 bedroom
<input type="checkbox"/> 5534 Northwood Almon Place	<input type="checkbox"/> bachelor	<input type="checkbox"/> 1 bedroom
	<input type="checkbox"/> 1 bedroom & den	<input type="checkbox"/> 2 bedroom

Housing Options (Choose One)

- Independent Living – Available at Northwood Towers & Northwood Almon Place (\$630- \$931)
- Supportive Living – Available at Northwood Manor (\$1680)
- Assisted Living – Available at Northwood Manor (\$2,530 - \$3,980)

Applicant Personal Information

First Name:		Middle:	Last:	
Date of Birth (mm/dd/yyyy):		SIN:	Phone (H):	
Email Address:			Phone (W):	
Parking Required Y/N	Vehicle Make/Model:	License Plate:	Smoker? Y/N	

Emergency Contact:

Applicant Residential History

Present Address:		City:	Postal Code:	How long there:	Rent Amount:
Landlord:	Phone #:	Reason for Leaving:		Notice Given Y/N	
Previous Address:		City:	Postal Code:	How long there:	Rent Amount:
Landlord:	Phone #:	Reason for Leaving:		Notice Given Y/N	

Applicant Employment History

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired		Current Employer:	Monthly Income:
		Job Title:	
Supervisor:		Phone:	

Applicant References

Personal Reference:	Address:	Relationship:	Phone:
Personal Reference:	Address:	Relationship:	Phone:

Co-Applicant Information

First Name:		Middle:	Last Name:	
Date of Birth (mm/dd/yyyy):		SIN:	Phone (H):	
Email Address:			Phone (W):	
Parking Required Y/N	Vehicle Make/Model:	License Plate:	Smoker? Y/N	

(CONTINUED ON THE OTHER SIDE)

Co-Applicant Residential History				
Present Address:	City:	Postal Code:	How long there:	Rent Amount:
Landlord:	Phone #:	Reason for Leaving:		Notice Given Y/N
Previous Address:	City:	Postal Code:	How long there:	Rent Amount:
Landlord:	Phone #:	Reason for Leaving:		Notice Given Y/N
Co-Applicant Employment History				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired		Current Employer:	Job Title:	
Supervisor:	Phone:		Income: <input type="checkbox"/> Net <input type="checkbox"/> Gross	
Co-Applicant Employment History				
Personal Reference:	Address:	Relationship:	Phone:	
Personal Reference:	Address:	Relationship:	Phone:	
INITIALS				
It is understood that no smoking is permitted in any of our buildings			_____ / _____	
It is understood that No pets or visiting pets are permitted on the premises without the prior written request of Northwood			_____ / _____	
It is understood that Proof of Tenant Liability Insurance must be produced before the keys are issued			_____ / _____	
It is understood that <i>only</i> those named above will occupy the suite			_____ / _____	
It is understood that Pre-Authorized Payment (PAP) is REQUIRED upon signing of the Lease.			_____ / _____	
I/we hereby certify that the above information is true and complete and that I/we have not withheld any information relevant to this application. It is also understood that the property management company and / or owner reserve the right to reject the application.			_____ / _____	
I/we know that I/we have the right to verify the information about me/us held by credit reporting agencies, that the landlord and its agents are entitled to rely on such credit reports as being correct, and I/we release any claim I/we may have arising from reliance on that information. I/we hereby give irrevocable permission to the Landlord or its agents to obtain at any time a consumer/credit report about me/us, to contact pervious 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 amendment or renewal of my/our tenancy.				
Signature of Applicant: _____			Date: _____	
Signature of Co-Applicant: _____			Date: _____	
FOR OFFICE USE ONLY				
Date Viewed:	Date Rec'd:	Approved:	Declined:	