



6 NEVA MAE PLACE, UNIT 30
KENTVILLE, NS o 679-0707
B4N 0G5 f 679-1809

Date: _____

KENT FIELDS **REQUIRES A 12 MONTH LEASE** FOR ALL APARTMENTS. KENT FIELDS **DOES NOT ALLOW SUBLEASING** DURING THIS 12-MONTH TERM.

NAME: First: _____ Middle: _____ Last: _____

Date of Birth: _____ SIN (optional) _____

Civic Address: _____ City&Prov: _____ PC: _____

Telephone Number: Day: _____ Evening: _____

Email Address: _____ License Plate of Vehicle: _____

Driver's License Master #: _____

Source of Income: _____ (employment, pension, disability) Gross Monthly Income: _____ (co-signing agreement required if not a full time employee)

Employer's Name: _____ Contact #: _____

Supervisor's Name: _____ Contact #: _____

Name of Last Two Landlords	Length of Occupancy	Contact Number
1. _____	_____	_____
2. _____	_____	_____

Character References (**not relatives**):

Name	Occupation	Contact Number
1. _____	_____	_____
2. _____	_____	_____

In case of Emergency, please contact:
Name: _____
Civic Address _____ City&Prov: _____ PC: _____
Relationship: _____ Phone #: _____

2nd Applicant: First: _____ Middle: _____ Last: _____

Date of Birth: _____ SIN (optional) _____

Civic Address: _____ City/Prov: _____ PC: _____

License Plate of Vehicle: _____ Driver's License Master # _____

Telephone Number: Day: _____ Evening: _____

Source of Income: _____ Gross Monthly Income: _____
(employment, pension, disability) (co-signing agreement required if not a full time employee)

Employer's Name: _____ Contact #: _____

Supervisor's Name: _____ Contact #: _____

	Name of Last Two Landlords	Length of Occupancy	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____

Character References (not relatives):

	Name	Occupation	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____

In case of Emergency, please contact:

Name: _____

Civic Address _____

Relationship: _____ Phone #: _____

Dependents or Persons Sharing Accommodations:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Location of Premises Desired: _____ # of bedrooms required: _____

Any other pertinent information which should be known by us?

I (we) certify that the above information is correct and I (we) understand that this application may be revoked if any information furnished upon this application is found to be incorrect. I (we) authorize you to contact any references listed on this application, and to perform a credit check.

Signature:

Applicant 1. _____

Vehicle – Make: _____ Model: _____ Color: _____ Year: _____

Applicant 2. _____

Vehicle – Make: _____ Model: _____ Color: _____ Year: _____

Applicant 3. _____

Vehicle – Make: _____ Model: _____ Color: _____ Year: _____

LANDLORD REFERENCE LETTER FOR KENT FIELDS ESTATES LIMITED

Applicant Permission

I, _____, hereby grant permission to Kent Fields Estates Limited to contact
Applicant's Name(s)
my landlord for the purpose of qualifying my current/past tenancy.

Applicant's Signature

Date

Landlord Acknowledgment

I/We, _____, acknowledge and advise that the above mentioned
Landlord Name(s)
individual(s) does/did reside at _____
Property Name/ Address

from _____ to _____.
Move In Date *Move Out Date*

During the tenancy at this property, the resident:

Please indicate all that apply:

Paid rent consistently and on time Yes ___ No ___ Had rent cheques returned NSF Yes ___ No ___

Adhered to the terms of their lease agreement Yes ___ No ___ Did significant damage to the apartment or property Yes ___ No ___

Gave sufficient notice of intent to vacate Yes ___ No ___ Had noise complaints against them Yes ___ No ___

Maintained the suite in an acceptable manner Yes ___ No ___ Was evicted from the premises Yes ___ No ___

Would you recommend the applicant?

Would you rent to the applicant again?

Landlord/ Agent Signature

Landlord/ Agent Signature

Landlord/ Agent Name (please print)

Landlord/ Agent Name (please print)

Date

Contact phone number for verification

CO-SIGNING AGREEMENT

Office (902) 679-0707
Fax (902) 679-1809

NAME IN FULL: _____

PRESENT ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ OCCUPATION: _____

NAME OF EMPLOYER: _____ Contact # _____

I, _____, hereby accept responsibility for all rental payments pertaining to _____, Nova Scotia, to be occupied by _____ commencing _____.

It is further understood that I am responsible for all damages caused by the tenant and/or his/her guests and also resolving any complaints regarding the tenants. It is recognized that the Lease entered into between Kent Fields Estates Ltd. and _____ is for a period of _____ commencing _____, and is automatically renewing on the Anniversary unless notice of termination is given.

SIGNED THIS _____ DAY OF _____, 20_____.

I UNDERSTAND THAT as co-signer for _____,

I will be directly responsible for paying all costs, if overdue, incurred by this individual. I agree to pay all monies owing within 72 hours of notification from the Landlord unless otherwise arranged with the Landlord's management. I authorize Kent Fields Estates Limited to perform a credit check.
