

Building:	Apartment #:		Move in Date:	
Security Deposit: \$	Rent: \$		Parking: \$	
HRM Apartments		The Jamieson – 6306 Cork Street, Halifax Chelsea Place – 6265 London Street, Halifax 1122 Tower Road, Halifax Marshview Apartments – 9 Balcom Drive, Wolfville		
Please complete all sections on both pages. Mark "NA" in any blanks that do not apply.				
APPLICANT PERSONAL INFORMATION				
First Name:		Initial:		Last Name:
SIN:		Date of Birth (YYYY/MM/DD):		Phone (H or Cell):
Email Address:			Phone (W):	
Parking Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Make/Model:		Licence Plate:	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT RESIDENTIAL HISTORY (provide the address of the last two places you have lived)				
Present Address:	City:	Postal Code:	How long?	Rent per Month:
Landlord Name and Phone #:	Reason for Leaving:		Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Address:	City:	Postal Code:	How long?	Rent per Month:
Landlord Name and Phone #:	Reason for Leaving:		Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT and/or SCHOOL HISTORY				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other	Current Employer Name:			Job Title:
Supervisor:	Phone:	How long?	Gross Income Per Month:	
University / College Name:		What Year?	Name of Degree:	
REFERENCES				
Banking/Credit:	Address:		Account Type:	Phone:
Personal Reference:	Address:		Relationship:	Phone:

CO-APPLICANT PERSONAL INFORMATION				
First Name:		Initial:		Last Name:
SIN:		Date of Birth (YYYY/MM/DD):		Phone (H or C):
Email Address:				Phone (W):
Parking Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Make/Model:		Licence Plate: Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No
CO-APPLICANT RESIDENTIAL HISTORY (provide the address of the last two places you have lived)				
Present Address:		City:	Postal Code:	How long? Rent Amount:
Landlord:		Reason for Leaving:		Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Address:		City:	Postal Code:	How long? Rent Amount:
Landlord:		Reason for Leaving:		Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
CO-APPLICANT EMPLOYMENT or SCHOOL HISTORY				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other		Current Employer Name:		Job Title:
Supervisor:		Phone:	How long?	Gross Income Per Month:
University / College Name:		What Year?		Name of Degree:
CO-APPLICANT REFERENCES				
Banking/Credit:		Address:		Account Type: Phone:
Personal Reference:		Address:		Relationship: Phone:
NAMES OF OTHER PEOPLE WHO WILL LIVE IN THE APARTMENT				
Name:		Date of Birth: (YYYY/MM/DD)		SIN:
Name:		Date of Birth: (YYYY/MM/DD)		SIN:
NEXT OF KIN CONTACT INFO				
Name:			Primary Contact Number:	
Address			Alternative contact Number:	

Please read the following carefully and initial where noted. Incomplete applications will not be processed.

		Initial(s)
It is understood that NO pets or visiting pets are permitted on the premises without the prior written permission of HRM Apartments.		
It is understood that Proof of Tenants Liability Insurance must be produced before the keys are issued to the tenant(s).		
It is understood that only those who are named on the lease shall occupy the apartment unit.		
Has the either the applicant or co-applicant declared bankruptcy in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All rental payments will be made via Pre Authorized Debit. Cash/Money Orders will not be accepted.		
I/We hereby certify that the above information is true and complete and that I/we have not withheld any relevant information. We understand that HRM Apartments reserves the right to reject this application.		
<p>I/we herby give permission to the Landlord or their Agent (s) to obtain a consumer/credit report about me/us, to contact previous 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 in order to</p> <ul style="list-style-type: none"> • Assess this Rental Application • Assess any renewal or extension of my/our tenancy • Pursue any future outstanding debt <p>I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and information arising from any tenancy between us to any third party for the purposes of providing a consumer/credit report or contributing information to a database of tenant information made available to landlords or their agents.</p> <p>I/we hereby agree that any service of documentation may be delivered/served to and accepted on my/our behalf by my next of kin or any persons residing in my/our residence.</p>		
Signature of Applicant:		Date:
Signature of Co-Applicant:		Date:

For Office Use Only:

Date Unit Viewed:	Application received:	Approved:	Declined:
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