

Realty Management Inc. O/A Burke Realty

Burke Realty Property Management Office 146 Campbell Avenue St. John's, NL A1E 2Z8

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FENIANT APPLICATION

TENANT APPLICATION						
Applicant Name:						
Property Address			Possession Date			
Present Address		City/Prov		Postal Code		
Length of time at this address	Reason for leaving					
Previous Address		City/Prov		Postal Code		
Length of time at this address	Re	Reason for leaving				
Telephone			Date of Birth (M/D/Y)			
Occupation	Employer				Contact Name	
Telephone	Years Employe		ed .		Salary	
Drivers License Number			No. of Persons Living with You			
Names and birth date birth dates of the person(s) living with you						
Previous Landlord			Telephone			
Nearest Relative			Relationship to you			
Address			Telephone			
Name, address and phone number of at least 2 references(non-relatives):						
I, (we) hereby agree that Burke Realty may obtain a consumer or other report containing personal and credit information from a credit-reporting agency in connection with this application and I authorize the release of such information. If this application is approved, I authorize Burke Realty to obtain and disclose personal information on an ongoing basis from credit bureaus from information previously collected. Date:						
Date: Signature:						