

Application to Rent

Telephone: (902) 678-0275 info@safeguardservices.ca www.safeguardservices.ca 139 Nichols Ave. Kentville, NS

Property Applying for				
Move-in Date	Rent Amount		month-month	🗌 1yr Lease
PLEASE PRINT				
Name				
Present Address			Postal Co	ode
Phone #	Date of Birth	S.I.N		
Email		Cell #		
Current Landlord		Phone #	<i>t</i>	
Reason(s) for moving:				
Previous Address (if less than t	.wo years)		Posta	Il Code
Previous Landlord		Phone #	#	
Number of adults to occupy	apartment Age	s of children		
Are you: 🗌 Employed Oce	Employed Occupation Average Annual Family Income			
Employer		Phone #	How long?	?
On assistance	Type			
A student				
Other				
Supervisor, case worker, etc	·	P	hone #	Ext
Spouse's full name	Date of Birth			
•	Occupation Phor			
Automobile: Year	Make	Model	Color	
Driver's License #		License plate	#	
Credit reference: (List bank or				
1				
2				
Personal or Business refere	nces:			
1 Phone #				
2 Phone #				
Next of Kin (Name, Address & Ph	ione)			
Do You: Have Pets? Yes □ N	on Smoke? Yes n Non	Have a Criminal record	? Yes 🗆 No 🗖	
		If "yes" specify		
		ii yes specity		
By signing below, you certify that the Landlord to obtain a credit check a will be considered for acceptance (made in this application may be ca with this application. If you are acc be forfieted.	nd/or verify that the informat to be applied to the security on use for immediate terminatio	tion supplied above is true. An deposit upon move-in, or refun n of the tenancy, if accepted, a	application deposit is requinded if rejected). Any false of and/or forfeiture of any dep	ired before this application or misleading statements osit(s) given in association