

Armel Apartments Ltd.

305 Philpott St., Unit 4

Port Hawkesbury, NS B9A 2B7

(902) 625-2431

info@rentarmel.ca**Rental Application****Applicant Information**

Name:	Phone:	Mobile:
Address:	City:	Province:
Birthdate:	SIN:	Email:
Previous Landlord	Name:	Phone:
Current Employer	Name:	Phone:

Co-Applicant Information

Name:	Phone:	Mobile:
Address:	City:	Province:
Birthdate:	SIN:	Email:
Previous Landlord	Name:	Phone:
Current Employer	Name:	Phone:

Additional Occupants

Name:	Birthdate:
Name:	Birthdate:

I hereby apply to lease a property from Armel Apartments Ltd. upon the conditions above set forth and agree that the Rent is payable the first day of each month in advance and a Security Deposit is payable with acceptance of this application. I warrant that all statements above set forth are true. The above information, to the best of my knowledge, is true and correct.

I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment with this owner/manager/agent acting on behalf of the owner/manager.

Rent/Month: \$	Deposit: \$	Unit: #
Signature:	Name:	Date:
Signature:	Name:	Date:

NOTE: Fax application Monday-Friday between 10am and 2pm to (902) 625-2431 **or** email it to info@rentarmel.ca