

**Armel Apartments Ltd.**  
305 Philpott St., Unit 4  
Port Hawkesbury, NS B9A 2B7



Phone: (902) 625-2431 Fax: (902) 625-2143 [info@rentarmel.ca](mailto:info@rentarmel.ca)

## Rental Application

### Applicant Information

Name:	Phone:	Mobile:
Address:		
Birthdate:	SIN:	Email:
Previous Landlord		Phone:
Current Employer		Phone:
Character Reference		Phone:

### Co-Applicant Information

Name:	Phone:	Mobile:
Address:		
Birthdate:	SIN:	Email:
Previous Landlord		Phone:
Current Employer		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:		Date:
Signature:		Date: