



6 NEVA MAE PLACE, UNIT 30  
KENTVILLE, NS

o 902- 679-0707

B4N 0G5

f 902-679-1809

**Date:** \_\_\_\_\_

**KENT FIELDS REQUIRES A 12 MONTH LEASE FOR ALL APARTMENTS. KENT FIELDS DOES NOT ALLOW SUBLEASING DURING THIS 12-MONTH TERM.**

NAME: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN (optional) \_\_\_\_\_

Civic Address: \_\_\_\_\_ City&Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Master #: \_\_\_\_\_

Source of Income: \_\_\_\_\_ (employment, pension, disability) Gross Monthly Income: \_\_\_\_\_ (co-signing agreement required if not a full time employee)

Employer's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name of Last Two Landlords	Length of Occupancy	Contact Number
1. _____	_____	_____
2. _____	_____	_____

Character References (**not relatives**):

Name	Occupation	Contact Number
1. _____	_____	_____
2. _____	_____	_____

In case of Emergency, please contact:

Name: \_\_\_\_\_

Civic Address \_\_\_\_\_ City&Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**2<sup>nd</sup> Applicant:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN (optional) \_\_\_\_\_

Civic Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License Master#: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_  
(employment, pension, disability) (co-signing agreement required if not a full time employee)

Employer's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

	Name of Last Two Landlords	Length of Occupancy	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____

**Character References (not relatives):**

	Name	Occupation	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____

In case of Emergency, please contact:

Name: \_\_\_\_\_

Civic Address \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Dependents or Persons Sharing Accommodations:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Location of Premises Desired: \_\_\_\_\_ # of bedrooms required: \_\_\_\_\_

Any other pertinent information which should be known by us?

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I (we) certify that the above information is correct and I (we) understand that this application may be revoked if any information furnished upon this application is found to be incorrect. I (we) authorize you to contact any references listed on this application, and to perform a credit check.

Signature:

Applicant 1. \_\_\_\_\_

Vehicle – Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate of Vehicle: \_\_\_\_\_

Applicant 2. \_\_\_\_\_

Vehicle – Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate of Vehicle: \_\_\_\_\_

Applicant 3. \_\_\_\_\_

Vehicle – Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate of Vehicle: \_\_\_\_\_

# **LANDLORD REFERENCE LETTER FOR KENT FIELDS ESTATES LIMITED**

## **Applicant Permission**

I, \_\_\_\_\_, hereby grant permission to Kent Fields Estates Limited to contact  
*Applicant's Name(s)*  
my landlord for the purpose of qualifying my current/past tenancy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## **Landlord Acknowledgment**

I/We, \_\_\_\_\_, acknowledge and advise that the above mentioned  
*Landlord Name(s)*  
individual(s) does/did reside at \_\_\_\_\_  
*Property Name/ Address*

from \_\_\_\_\_ to \_\_\_\_\_  
*Move In Date* *Move Out Date*

### **During the tenancy at this property, the resident:**

*Please indicate all that apply:*

Paid rent consistently and on time	Yes ___ No ___	Had rent cheques returned NSF	Yes ___ No ___
Adhered to the terms of their lease agreement	Yes ___ No ___	Did significant damage to the apartment or property	Yes ___ No ___
Gave sufficient notice of intent to vacate	Yes ___ No ___	Had noise complaints against them	Yes ___ No ___
Maintained the suite in an acceptable manner	Yes ___ No ___	Was evicted from the premises	Yes ___ No ___

\_\_\_\_\_  
**Would you recommend the applicant?**

**Would you rent to the applicant again?**

\_\_\_\_\_  
Landlord/ Agent Signature

\_\_\_\_\_  
Landlord/ Agent Signature

\_\_\_\_\_  
Landlord/ Agent Name (please print)

\_\_\_\_\_  
Landlord/ Agent Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Contact phone number for verification**

## **GUARANTEE AGREEMENT**

Office (902) 679-0707  
Fax (902) 679-1809

NAME IN FULL: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ Contact # \_\_\_\_\_

I, \_\_\_\_\_, hereby accept responsibility for all rental payments  
pertaining to \_\_\_\_\_, Nova Scotia, to be  
occupied by \_\_\_\_\_ commencing \_\_\_\_\_.

It is further understood that I am responsible for all damages caused by the tenant and/or his/her guests  
and also resolving any complaints regarding the tenants. It is recognized that the Lease entered into between  
Kent Fields Estates Ltd. and \_\_\_\_\_ is for a period of  
\_\_\_\_\_ commencing \_\_\_\_\_, and is  
automatically renewing on the Anniversary unless notice of termination is given.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_,

\_\_\_\_\_

I UNDERSTAND THAT as co-signer for \_\_\_\_\_,

I will be directly responsible for paying all costs, if overdue, incurred by this individual. I agree to pay all  
monies owing within 72 hours of notification from the Landlord unless otherwise arranged with the Landlord's  
management. I authorize Kent Fields Estates Limited to perform a credit check.