



Kent Fields RENTAL PROPERTIES

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 SUBLÉASING 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

Length of Occupancy Contact Number

1. _____

Character References (**not relatives**):

Occupation	Contact Number
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In case of Emergency, please contact:

Name: _____

Civic Address _____ City&Prov: _____ PC: _____

Relationship: _____ Phone #: _____

2nd 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: _____
(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
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1. _____ _____ _____

2. _____ _____ _____

Character References (**not relatives**):

Name	Occupation	Contact Number
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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?

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

Applicant's Signature

Date

Landlord Acknowledgment

I/We, Landlord Name(s), acknowledge and advise that the above mentioned

individual(s) does/did reside at _____
Property Name/ Address

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.