



1574 Argyle Street Suite 7 Box 12, Halifax NS, B3J 2B3
O: (902) 420-0124 E: office@benignogroup.ca
www.benignogroup.ca

RENTAL APPLICATION

Rental Property Information

Rental Property Address:

Application to rent suite # _____

Anticipated Possession Date: _____, _____

The monthly rent will be \$ _____

Initial Security Deposit: \$ _____

***Please note that the security deposit is non-refundable**

Applicant #1 Personal Information

Applicant's Name: _____

Phone Number/s: _____

Email Address: _____

Date of Birth: _____

Applicant's Social Insurance Number: _____

Applicant #2 Personal Information

Applicant's Name: _____

Phone Number/s: _____

Email Address: _____

Date of Birth: _____

Applicant's Social Insurance Number: _____

List below all other persons intending to occupy the premises in addition to above:

Full Name, Relationship/Date of Birth:	SIN #
_____	_____
_____	_____

Do you have a pet? Yes / No If more than one, how many? _____

Please describe type(s) of pet(s): _____

*Some buildings do not allow pets. Please enquire as to whether pets are allowed at the address to which you are applying.

Applicant #1

Residential History

Present Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ How long at this address? _____

Landlord / Lessor: _____ Landlord Phone: (_____) _____

Landlord Email Address: _____

Details of Employment

Employed: Yes / No Employer: _____

Occupation: _____ How Long: _____

Phone: (_____) _____ Net Monthly Income: _____

Vehicle Information

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Parking required? Yes / No Additional parking required? Yes / No

(Subject to availability, 1 underground spot included, additional outdoor spot \$35/month)

Banking Information

Banking Institution: _____

Emergency Contact/Next of Kin

Name: _____

Relationship: _____ Phone: (_____) _____

Applicant#2

Residential History

Present Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ How long at this address? _____

Landlord / Lessor: _____ Landlord Phone: (_____) _____

Landlord Email Address: _____

Details of Employment

Employed: Yes / No Employer: _____

Occupation: _____ How Long: _____

Phone: (_____) _____ Net Monthly Income: _____

Vehicle Information

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Parking required? Yes / No Additional parking required? Yes / No

(Subject to availability, 1 underground spot included, additional outdoor spot \$25/month)

Banking Information

Banking Institution: _____

Emergency Contact/Next of Kin

Name: _____

Relationship: _____ Phone: (_____) _____

Credit Background Check Authorization

Is there anything negative that we may find in our credit background check that you want to comment on?

I/We hereby give permission to Benigno Group or my agent to provide my/our contact information to Bell Aliant so that I/we may receive electronic and/or telemarketing messages/calls regarding one or more of Bell Aliant's communications products/services and incentives and potential discounts available to the Tenants. (Upon signing of Lease, ONLY your name and unit number shall be conveyed to Bell, our exclusive phone, cable, and internet provider. You can advise that you do not wish to be contacted in the future at your sole discretion).

I/ we declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to: (a) contact my references and all other persons that I have named in this application; and (b) perform a credit check to assess my suitability as a tenant/lessee.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____