35 Esplanade St, Truro

OFFER TO LEASE

NO *PETS* PERMITTED &
NO *SMOKING* PERMITTED:

***Initial: _____**

APPLICANT
Name in Full_____ Age_____
Present Address_____ Email:_____
Personal Phone _____ Work Phone _____
Nearest Relative (Name)_____ Relationship_____
Relative's Address_____ Phone _____

REFERENCES
Present Landlord's Name_____ Phone_____
Address_____
How long there? _____ Reason for Leaving_____
Is the Landlord aware that you intend to move? _____

EMPLOYER OR SOURCE OF INCOME
Employed_____ Unemployed_____ Retired_____ Student_____ Other_____
Social Insurance #_____ Income_____
Position Title_____
Company Name_____ How long there? _____
Company Address_____
Name of Supervisor_____ Phone_____

Number of persons that will occupy this unit_____
Name of **ALL** persons who will occupy this unit **(S.I.N IS REQUIRED).**
1. _____ Age_____ S.I.N_____
2. _____ Age_____ S.I.N_____
3. _____ Age_____ S.I.N_____
4. _____ Age_____ S.I.N_____

REFERENCES

Name	**Address**	**Employer**	**Phone**
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency, who should be contacted?
Name_____ Address_____
Phone_____ _____Relationship_____

Note: This offer to lease is to be filled by every tenant living in the unit.

Incomplete application will not be processed. Be sure to fill out all required fields and provide accurate information. Email application to info@victoriasuites.ca