

Application for rental

Lake City Motel

Toll free: 1-800-7922497 Tel: 902-4350060 Email: motel.lakecity@gmail.com

40 Lakecrest Dr. Dartmouth NS B2X 1V1

-Applicant information

Last name _____ Frist name _____

Date of birth _____ home phone _____ Email: _____

Date you want to move in _____

CURRENT ADDRESS (If less than 6 months need provide previous address)

-Address _____ Date in _____ Date out _____

Landlord name _____ landlord phone _____

Monthly rent \$ _____ Reason for leaving _____

-Previous address (if you stayed more than 6 months at your current address leave it empty)

Address _____ Date in _____ date out _____

Landlord name _____ landlord phone _____

Monthly rent \$ _____ Reason for leaving _____

-Occupants

Occupation _____ Employer/Company _____

Supervisor name _____ phone _____

-Emergency contact: Name _____ phone _____

-Personal references

Name _____ phone _____

Name _____ Phone _____

(We may contact your Landlord or references you provide to us, if you do not want us to contact them please write "No" _____ otherwise leave it empty)

Signature _____

Date: _____