

**Torbay Estates Ltd.**  
P.O. Box 7082, St. John's, NL, A1E 3Y3  
Telephone: 709-726-4370, Fax: 709-726-5571

Apartment # \_\_\_\_\_  
Rate: \_\_\_\_\_

NAME IN FULL: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
TELEPHONE #. \_\_\_\_\_ Work #. \_\_\_\_\_ CEL #. \_\_\_\_\_  
HOW LONG \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_ RENTAL RATE \_\_\_\_\_  
LANDLORDS NAME \_\_\_\_\_ TEL. NO. \_\_\_\_\_

**NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME; \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TEL. NO. \_\_\_\_\_

PLEASE NAME ALL PERSONS WHO WILL OCCUPY THIS UNIT:

1. \_\_\_\_\_ AGE \_\_\_\_\_ CEL #. \_\_\_\_\_
2. \_\_\_\_\_ AGE \_\_\_\_\_ CEL #. \_\_\_\_\_
3. \_\_\_\_\_ AGE \_\_\_\_\_ CEL #. \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ PLATE #. \_\_\_\_\_

**EMPLOYMENT:**

ONE

TWO

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
HOW LONG: \_\_\_\_\_  
ANNUAL INCOME: \_\_\_\_\_

**REFERENCES:**

1. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. #. \_\_\_\_\_
2. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. #. \_\_\_\_\_
3. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. #. \_\_\_\_\_

Length of time you are prepared to sign a lease for: \_\_\_\_\_  
Do you or any person who will be occupying the apartment SMOKE? \_\_\_\_\_  
Do you have any pets? \_\_\_\_\_

By signing, you hereby grant permission and are aware that a landlord reference, employment verification and a credit report will be obtained in the processing of this application. The owner and/or agents reserve the right to reject this application.

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_