

RENTAL APPLICATION – SHORT FORM

Atlantic House
 11 Par-la-Ville Road
 Hamilton, HM HX
 441-292-1793
 www.bermudarealty.com

Date		What prompted you to contact our Agency?	
Applicant #1			
Current Address			
Are You Renting now?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Contact	H :	W :	
	M :	E :	
Applicant #2			
Current Address			
Are You Renting now?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Contact	H :	W :	
	M :	E :	
Requirements	House/Cottage <input type="checkbox"/>	Apartment <input type="checkbox"/>	Condo/Townhouse <input type="checkbox"/>
	City Living <input type="checkbox"/>	Unfurnished <input type="checkbox"/>	Furnished <input type="checkbox"/>
Bedrooms #	Bathrooms #	Do you have pets? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type _____	
Number of occupants including children			
When do you need a property by?			
Price Per Month	\$ _____		
Please describe Property features or requirements which are most important to you:			
<input type="checkbox"/> YES – I give my express consent for the Agency to use my contact details indefinitely or until advised otherwise for the purposes described above.			
SIGNATURE	_____		
DATE	_____		