



CITY CENTRE
PROPERTY MANAGEMENT

www.880view.ca or www.citycentreproperties.ca email: ccpm@eastlink.ca

106 - 3260 Barrington Street, Halifax, Nova Scotia B3K 0B5
PH: 902-453-6707 FAX: 902-453-9675 Leasing: 902-880-8439

Apt. # _____ Building _____ Rent Amt _____ Move In Date _____

Agent Name: _____ Date of Application: _____

Full Name _____

Present Address _____

City, Province, Postal Code _____

Home Phone # _____ Cellular # _____

How Long? _____ Monthly Rental Amount _____

Current Landlord's Name & Phone # If Applicable : _____

Previous Address _____

City, Province, Postal Code _____

Previous Landlord's Name & Phone #: If Applicable _____

Names of all persons (including you) occupying the unit:

Name	Date of Birth	SIN #

APPLICANT

Employed by: _____ Occupation _____

Address: _____ Phone # _____

Monthly Income _____ Length of Employment _____

Previous Employer: _____ Occupation _____

Address: _____ Phone # _____

Monthly Income: _____ Length of Employment _____

Name and Address of Bank _____

Account # _____ Type of Account _____

Vehicle make & Model _____ Year _____

License Plate # _____ Master # _____ Colour _____

CO-APPLICANT / GUARANTOR

Name _____

Present Address _____

Home Phone # _____ Cellular # _____

How Long? _____ Monthly Rental Amount _____

Current Landlord's Name If Applicable: _____ Phone# _____

Previous Address _____

Previous Landlord's Name & Phone #: _____

Employed By: _____ Occupation _____

Address _____ Phone # _____

Monthly Income _____ Length of Employment: _____

Co-Applicant/Guarantor Name and Address of Bank: _____

Type of Account _____ Account # _____

Vehicle Make & Model _____ Year _____

License Plate # _____ Master # _____ Colour _____

