



**CITY CENTRE  
PROPERTY MANAGEMENT**  
[www.880view.ca](http://www.880view.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 #:** \_\_\_\_\_

Previous Address \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Previous Landlord's Name & Phone #: \_\_\_\_\_

**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 \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Landlord's Name & Phone #: \_\_\_\_\_

Current 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 \_\_\_\_\_

**\*\*\*\*\*ALL APPLICANTS MUST FILL OUT BOTTOM SECTION\*\*\*\*\***

**REFERENCES**

Credit:	Company	Address	Account #
1.	_____	_____	_____
2.	_____	_____	_____

Personal:	Name	Address	Phone#
3.	_____	_____	_____
4.	_____	_____	_____

**Name of a Relative or Friend (in case of an emergency)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I (we), the undersigned, certify the above information to be true. I (we) consent to obtaining of credit and/or personal information as may be required at the time in connection with this application. I (we) have received a copy of the Residential Tenancies Act.

Note: Before a lease is signed, the landlord requires that a non-refundable security deposit paid by money order, bank draft and/or certified cheque (which is non-refundable once the application has been approved until the completion of the requested leasing term and which will at fulfillment of the term be returned with interest from the date of deposit less any costs incurred through damages by the tenant to the leased apartment). All rent payments must be paid by pre-authorized debit. Should the applicant be approved and not wish to take the apartment, the security deposit is non-refundable.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Guarantor: \_\_\_\_\_