



**CITY CENTRE
PROPERTY MANAGEMENT**
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 _____

Home Phone # _____ Cellular # _____

How Long? _____ Monthly Rental Amount _____

Current Landlord's Name: _____ 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 _____

***** 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 the non-refundable security deposit (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) as well as twelve (12) postdated cheques in the amount of said rent be provided to the said landlord. 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: _____