



City Centre Property Management

RENTAL APPLICATION

Suite 300 - 50 Bedford Highway, Halifax, Nova Scotia, B3M 0J9

www.ccpmgroup.ca

(902) 453-6707

info@ccpmgroup.ca

LOCATION: _____
UNIT: _____
LEASING AGENT: _____
MOVE IN DATE: _____

APPLICANT DETAILS			
FULL LEGAL NAME:		NUMBER OF OCCUPANTS:	
DATE OF BIRTH (MM-DD-YY):	SIN:		
EMAIL ADDRESS:			
HOME PHONE:	CELL PHONE:		
CIVIC ADDRESS			
SUITE/UNIT NUMBER:	STREET:		
CITY:	PROVINCE:		
COUNTRY:	POSTAL CODE:		
LANDLORD DETAILS		RENT / OWN	
LANDLORD NAME:		LANDLORD PHONE:	
CURRENT LEASE TYPE:		LENGTH OF TENANCY:	
CURRENT RENTAL RATE:		METHOD OF PAYMENT:	
EMPLOYMENT DETAILS			
EMPLOYED: Y / N	SOURCE OF INCOME:		
CURRENT EMPLOYER:			
EMPLOYER CONTACT NAME:		EMPLOYER PHONE:	
CURRENT POSITION HELD:		LENGTH OF EMPLOYMENT:	
SALARY TYPE:	ANNUAL	HOURLY	MONTHLY GROSS INCOME:
VEHICLE DETAILS			
DRIVERS LICENSE NUMBER:		VEHICLE LICENSE PLATE:	SAFETIED: Y / N
MAKE:	MODEL:	COLOUR:	YEAR:
			INSURED: Y / N
PET DETAILS			
TYPE: CAT / DOG / FISH	NUMBER OF PETS:	DETAILS:	
LEGAL NEXT OF KIN			
FULL LEGAL NAME:			
EMAIL ADDRESS:			
HOME PHONE:		CELL PHONE:	
GUARANTOR DETAILS			
FULL LEGAL NAME:			
DATE OF BIRTH (MM-DD-YY):		SIN:	
EMAIL ADDRESS:			
HOME PHONE:		CELL PHONE:	
CIVIC ADDRESS			
SUITE/UNIT NUMBER:		STREET:	
CITY:		PROVINCE:	
COUNTRY:		POSTAL CODE:	
EMPLOYMENT DETAILS			
EMPLOYED: Y / N	SOURCE OF INCOME:		
CURRENT EMPLOYER:			
EMPLOYER CONTACT NAME:		EMPLOYER PHONE:	
CURRENT POSITION HELD:		LENGTH OF EMPLOYMENT:	
SALARY TYPE:	ANNUAL	HOURLY	MONTHLY GROSS INCOME:



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INFORMATION RELEASE DETAILS

- 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 any time in connection with this application and subsequent lease.
- I (**we**) understand current proof of income and/or confirmation of employment including but not limited to official bank statements and/or student enrollment may be required prior to approval.
- I (**we**) give permission for our contact information to be given to the Eastlink representative to call regarding exclusive offers and promotions.

IMPORTANT NOTES

Before a lease is signed, the approved applicant must submit a security deposit (which is non-refundable until the completion of the requested leasing term and which will at fulfillment of the term be returned less any costs incurred through damages by the tenant to the leased apartment) a void cheque and/or bank produced account information form and our pre-authorized debit form in the amount of said rent. Should the be approved and not wish to take the apartment, the security deposit is non-refundable and the tenant/s are bound to a month-to-month lease should the Landlord be unable to re-rent the unit for the first month of the lease term. Should the Landlord re-rent the unit for the first month of the lease term, the tenant is responsible for any leasing costs incurred while re-renting this unit (including the \$75.00 reassignment fee) and the security deposit less these expenses will be returned to the tenant/s.

DATE (MM-DD-YY): _____

APPLICANT

NAME PRINTED: _____ SIGNATURE: _____

GUARANTOR

NAME PRINTED: _____ SIGNATURE: _____