

2571 Robie Street



Tel: 902-444-RENT(7368) apartments@444rent.com

## Fax:902-423-9942 Halifax, NS, B3K 4N5 www.444rent.com RENTAL APPLICATION Type Building Address Date Available Date Required Monthly Rent \$ Parking \$ Please print. Each applicant must submit a separate form. To ensure a quick approval, please make sure all information is complete. A **DEPOSIT** cheque payable to **Paramount Management** for \$ (1/2 one month's rent) must be attached for the application to be reviewed. **Applicant** SIN<sup>\*</sup> (optional) Last Name First Name Date of Birth Present Address City/Province Postal Code E-mail Telephone Home See PET POLICY for building prior to applying. Do you have any pets? \_\_\_\_ Yes \_\_\_\_ No Number of Pets: Type: **Co-Applicants or Additional Occupants** mm/dd/yy Date of Birth Last Name First Name First Name Last Name Date of Birth Date of Birth Last Name First Name Current Employment Phone \_\_\_\_ Occupation Employer Years Employed Gross Income \$ Other Income \$ Contact Source Loan Amounts Credit Reference #1 Loan Amount \$ Monthly Payment \$ Loan Amount \$ Credit Reference #2 Monthly Payment \$ **Present Landlord** Name Phone Rental Location Phone Rent \$ How long? Contact Is landlord aware you intend to move? Reason for moving? **Previous Landlord** Rental Location Name **Emergency Contact** Phone Relationship Name **Vehicle Information** Year Colour Make & Model Collection and Use of Credit and Rental History Information I hereby consent to you obtaining factual or investigative information about me from outside parties, including through a credit report conducted by Trans Union Credit Bureau. I authorize those parties to give you the Information about me. The personal information provided on this form is required for and will be used to administer your application. In administering your application, personal information may be collected from, or disclosed to, credit or consumer bureaus, other landlords, and government or regulatory authorities. I verify that all statements on this application are true and I authorize verification of all references given. Information in connection with the entering into or renewal of a tenancy agreement may be conveyed to a third party. All personal information will otherwise be kept confidential and secure. I hereby enclose the holding deposit for the above suite to be held in trust, in a GIC with TD Canada Trust. If the Offer is declined, the total amount without interest will be returned. Should I not sign the lease or accept occupancy on the above possession date you are hereby authorized to rent the premises to someone else and the holding deposit paid herewith shall be retained by the landlord as liquidated damages, for the Landlord's expense in reserving the suite and checking the applicant. Upon executing a lease, the holding deposit will be retained by you as a Security Deposit which will be refunded at expiry provided that all covenants of the Lease agreement have been adhered to and that the suite is left in a proper state of cleanliness and repair. I hereby offer to lease from Paramount Management the above apartment at a monthly rate of \$ I agree to pay rent & parking by Pre-Authorized Payment. If approved, I undertake to execute a standard lease by the landlord for the building. It is understood that only those who are named above will occupy the suite. See PET POLICY for building prior to applying. I acknowledge receipt a copy of the Residential Tenancies Act of the Province of Nova Scotia. Applicant's Signature Referred by: Internet Newspaper Drive-by

Date Viewed

RM or Leasing Agent

OFFICE

USE

Received by

Date Applied

\_\_\_\_ Accepted or \_\_\_\_ Declined by