*CLASSIC PROPERTY MANAGEMENT LTD.*

*192 Wyse Road, Suite 3, Dartmouth, Nova Scotia, B3A 1M9*

 *Office: 902-431-5885 Fax: 902- 407-5575 Cell: 902-499-1421 or 902-497-8479*

R E N T A L A P P L I C A T I O N

*There is a non-refundable administration fee of $20.00 for each unit application.*

 *Email: propertymanager@classicpropertyns.ca*

 ***Please complete all sections on both pages. Please print all information. Please mark “N/A” in any blanks that do not apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| Building Address  | Unit #  | Rental Rate | Date Required |
| PERSONAL INFORMATION |
| **APPLICANT'S Full Name:** **First Initial Surname** | H Phone #C Phone #W Phone #Email  |
| SIN | Date of Birth | Marital Status: 🞎 Single 🞎 Married  🞎 Divorced 🞎 Common Law |
| **CO-APPLICANT'S Full Name:** **First Initial Surname**  | H Phone #C Phone #W Phone #Email  |
| SIN | Date of Birth | Marital Status: 🞎 Single 🞎 Married  🞎 Divorced 🞎 Common Law |
| **OTHER RESIDENTS** (INCLUDE CHILDREN)  |  RELATIONSHIP | AGE |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| RESIDENTIAL HISTORY |
| **Present Address:** | How long there: | Rent amount: |
| Landlord | Phone # | Reason for leaving: |
| **Previous Address:** | How long there: | Rent amount: |
| Landlord | Phone # | Reason for leaving: |
| **Previous Address:** | How long there: | Rent amount: |
| Landlord | Phone # | Reason for leaving: |
| EMPLOYMENT HISTORY |
|  Status: 🞎 Full Time 🞎 Part Time 🞎 Student 🞎 Retired 🞎 Unemployed 🞎 Other |
| Employer  | 🞎 Current 🞎 Previous  | Length of Employment  |
| Employers Address  |
| Supervisor/Caseworker | Phone # | Income |
| Status: 🞎 Full Time 🞎 Part Time 🞎 Student 🞎 Retired 🞎 Unemployed 🞎 Other |
| Employer  | 🞎 Current 🞎 Previous  | Length of Employment  |
| Employers Address  |
| Supervisor/Caseworker | Phone # | Income |
| **CO-APPLICANT'S Employment History**  Status: 🞎 Full Time 🞎 Part Time 🞎 Student 🞎 Retired 🞎 Unemployed 🞎 Other |
| Employer | 🞎 Current 🞎 Previous  | Length of Employment  |
| Employers Address   |
| Supervisor/Caseworker | Phone # | Income |
| **\*\*\* CONTINUED ON OTHER SIDE \*\*\*** |

*CLASSIC PROPERTY MANAGEMENT LTD.*

*192 Wyse Road, Suite 2, Dartmouth, Nova Scotia, B3A 1M9*

*Fax: (902) 463-9874 Cell: 902- 499-1421 or 902-497-8479*

|  |
| --- |
|  **REFERENCES & OTHER INFORMATION** |
| Bank Reference | Address |
| Chequing Acct # | Savings Acct # |
| Visa/ Mastercard Acct # | Expiry Date: |
| Name as Shown on Card |  |
| **Personal Reference** (Must not be a family relation) | Address  | Phone # |
| **Personal Reference** (Must not be a family relation) | Address  | Phone # |
| **Do you have any Pets? Y/N**If yes, what kind?**Applicant:** Have you ever been asked to leave a rental unit? Y/NIf yes, please explain: | Are you willing to sign a pet agreement taking 100% responsibility for your pet? Y/N**Co-Applicant:** Have you ever been asked to leave a rental unit? Y/NIf yes, please explain: |  |
| IDENTITY CONFIRMATION – please attach copy with application |
|  |  |  |  |
| **ID Type** | **Master # or other identifying #** |  |  |
| **Name on Identification** | **Date of Birth on ID** |  |  |
| **Address on ID** |  |  |  |
| **VEHICLES** |
| MAKE / MODEL | LICENSE PLATE NUMBER | YEAR / COLOR | PROVINCE |
| 1. |  |  |  |
| 2. |  |  |  |
| EMERGENCY INFORMATION (SOMEONE NOT RESIDING WITH YOU) |
|  **FOR APPLICANT: (Name, address and phone number required)** | Relationship |
| **FOR CO-APPLICANT: (name, address and phone number required)**: | Relationship |
| OTHER INFORMATION |
| I hereby certify that the above information is true and complete and that I have not withheld any information relevant to this application. If accepted, I/we undertake to execute a yearly lease in the approved standard form of the province. If, after being notified of acceptance, I/we cancel this agreement to occupy, the security deposit is forfeited as liquidated damages and not as a penalty. It is the responsibility of the tenant to insure his/her unit and its contents. It is also understood that the property management and/or owner reserve the right to reject this application. I have read and understand these conditions.Note: Upon execution of the lease and occupancy of the premises by the tenant, the deposit shall become the Security Deposit.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature Date Co-Applicant Signature Date |
| I/we herby give permission to the Landlord or their Agent(s) to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this Rental Application, or for any renewal or extension of my/our tenancy, or pursue any future outstanding debt. I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and information arising from any tenancy between us to any third party for the purposes of providing a consumer/credit report or contributing information to a database of tenant information made available to landlords or their agents. I acknowledge and agree to allow the landlord or their agent(s) to credit check and take any other reasonable steps necessary to update the Landlords files at anytime pertaining to this lease and any related business. I/we hereby agree that any service of documentation may be delivered/served to and accepted on my/our behalf by my next of kin or any persons residing in my/our residence. I/we also hereby agree that upon approval of my/our rental application by the Landlord, a color copy of my/our photo identification must be submitted to the Landlord as proof of identification and will be attached to my/our lease agreement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature Date Co-Applicant Signature Date |
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