

RENTAL APPLICATION

Building Address _____ Suite _____ Type _____
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* (optional) _____
Last Name _____ First Name _____ Date of Birth _____
Present Address _____ City/Province _____ Postal Code _____
Telephone Home _____ Work _____ E-mail _____
See PET POLICY for building prior to applying. Do you have any pets? ___ Yes ___ No Number of Pets: _____ Type: _____

Co-Applicants or Additional Occupants _____
Last Name _____ First Name _____ Date of Birth _____ mm/dd/yy
Last Name _____ First Name _____ Date of Birth _____
Last Name _____ First Name _____ Date of Birth _____

Current Employment _____
Employer _____ Phone _____ Occupation _____ Years Employed _____
Contact _____ Gross Income \$ _____ Other Income \$ _____ Source _____

Loan Amounts _____
Credit Reference #1 _____ Loan Amount \$ _____ Monthly Payment \$ _____
Credit Reference #2 _____ Loan Amount \$ _____ Monthly Payment \$ _____

Present Landlord _____
Name _____ Phone _____ Rental Location _____
Contact _____ Phone _____ Rent \$ _____ How long? _____
Is landlord aware you intend to move? _____ Reason for moving? _____

Previous Landlord _____
Name _____ Phone _____ Rental Location _____

Emergency Contact _____
Name _____ Phone _____ Relationship _____

Vehicle Information _____
Make & Model _____ Year _____ Colour _____ License Plate _____ Province _____

Tenant Insurance is required for this apartment. Proof of insurance will be required when lease is signed.

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 \$ _____ plus parking \$ _____
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 of building prior to applying.

Initials: _____ I acknowledge receipt a copy of the Residential Tenancies Act of the Province of Nova Scotia.

Applicant's Signature _____ Date _____

Referred by: _____ Newspaper _____ Drive-by _____ Sign _____ Internet _____ Referral _____ Name _____

OFFICE RM or Leasing Agent _____ Received by _____ Accepted or Declined by _____
USE Date Viewed _____ Date Applied _____ Date _____ Reason _____