



The Edelweiss
DESIGNATED NON-SMOKING
50 Grandhaven Boulevard
Halifax, NS B3S 0H5
(902) 210-2531

The ROSEWOOD
Designated Non-Smoking
130 Solutions Drive
Halifax NS B3S 0B8
(902)802-0516

The Dahlia
DESIGNATED NON- SMOKING
90 Grandhaven Blvd
Halifax, NS B3S 0J4
(902)818-4649

RENTAL APPLICATION

The Greenbank
Designated Non-Smoking
81 Solutions Drive
Halifax NS B3S 1R7
(902)830-4894

The Grenville
80 Camelot Lane
Halifax, NS B3M 4K8
(902)209-5023

DATE _____

WWW.COSMOSPROPERTIES.CA

The Arundle
Designated Non-Smoking
110 Grandhaven Boulevard
Halifax NS

The WARWICK
90 Camelot Lane
Halifax, NS B3M 4H9
(902)209-5023

The Ellington
Designated Non-Smoking
130 Grandhaven Boulevard
Halifax NS

COSMOS@COSMOSPROPERTIES.CA
FAX (902) 457-0544

CP@COSMOSPROPERTIES.CA
FAX (902) 445-9648

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
IF YOUR APPLICATION HAS BEEN ACCEPTED YOU WILL BE NOTIFIED
WE DO NOT NOTIFY APPLICANTS WHO HAVE NOT BEEN ACCEPTED

Name: _____
Driver's License No: _____
Present Address _____
Home Apartment Own Rent How Long? _____
Present Rental (\$) _____

S.I.N. _____
Birth date: _____
Telephone No.: _____
Email address _____
Marital Status _____

This Application for: (Name and/or Address of Building) _____ Apt No. _____
Approximate Date of Occupancy _____ Number of Persons to Occupy Apt. _____
How long to you plan to live in the rental unit? _____. Only persons listed on this application will be permitted to occupy the apartment.

Have you ever broken a lease? _____ If so what was the reason _____

Have you ever refused to pay rent for any reason? _____ Have you ever filed for bankruptcy? _____

Names (Tenants to occupy the apartment) Relationship Age SIN

Size of Apartment 1st Choice _____ 2nd Choice _____ Monthly Rental _____

Number of Vehicles _____ Valid Registration and Inspection? _____

Vehicle #1 (Make, Model, Colour, Year) _____

Vehicle #2 (Make, Model, Colour, Year) _____

Tenant 1 Tenant 2

Occupation _____ Occupation _____

Full or Part Time _____ Full or Part Time _____

Employed by: _____ Employed by: _____

Address _____ Address _____

How Long? _____ Annual Income? _____ How Long? _____ Annual Income? _____

Business Telephone _____ Business Telephone _____

Bank: _____ Bank _____

Chequing _____ Savings _____ Chequing _____ Savings _____

Average monthly balance (C) _____ (S) _____ Average monthly balance (C) _____ (S) _____

Branch _____ Branch _____

References: Personal Name Address Telephone

(1) _____ Relationship _____ How Long? _____

(2) _____ Relationship _____ How Long? _____

Professional (e.g. attorney, doctor)

(1) _____ Relationship _____ How Long _____

(2) _____ Relationship _____ How Long _____

Current Landlord/Superintendent/Owner/Mortgage Company

Name

Address

Telephone

Reason for Moving _____

No. of Cheques returned NSF _____ No. of late payments _____

Next of Kin _____ Next of kin address (street no., name, city/town and postal code)

_____, _____,

Phone _____ (home) Phone _____ (work/business)

OPTIONAL

Do you give management permission to contact the personal or professional references listed above, both now and in the future for rental consideration or for collection purposes should they be deemed necessary? _____

Thank you for completing an application to rent from us. Please sign below. Also note that a completed application requires submission of the following documents which will be copied and attached to this application.

_____ Driver's License or Social Insurance Number

_____ Two weeks of the most current pay stubs of each income source listed.

_____ If self-employed most current tax return as proof of income.

If applicant has misstated the number of persons in applicant's family or the number of persons intended to occupy apartment, or if applicant has made any misstatements of facts in the application or if applicant has made any other misstatement of material facts relating to the application and/or lease, or if applicant fails to complete the application, the landlord, at its option may cancel the lease without notice.

The Applicant represents that no real estate broker, nor any other person, is entitled to any commission whatsoever for this rental.

Owner and/or Agent for the owner reserve the right to reject this application and to refuse possession of the above-mentioned accommodations.

The applicant offers to lease the said apartment and hereby agrees to pay the sum of \$ _____ as a holding fee on the understanding that if the offer is accepted the fee shall be retained by the landlord or his agent as a Security Deposit during the tenancy of the premises and will be refunded at termination of the tenancy pursuant to the Residential Tenancies Act provided all the covenants of the Lease Agreement have been complied with and that the premises are left in a proper state of cleanliness and repair, reasonable wear and tear excepted, AND, if the offer is not accepted, the full deposit will be refunded, PROVIDED HOWEVER, that if on notification of the offer the Tenant fails to execute the lease the said fee shall forthwith be forfeited and retained by the Landlord or his agent.

Signature of Applicants _____

Leasing Agent _____

I/We the undersigned, grant permission for Giannoulis Developments to obtain and/or exchange personal or financial information from/with any personal information agency towards verifying or establishing my financial standing.

Name _____, Date _____, Signature _____

Name _____, Date _____, Signature _____

LOANS and/or MAJOR FINANCIAL COMMITTEMENTS

Institution	Address	Monthly Payment	Balance
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____