



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  
10 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 \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ Monthly Rental \_\_\_\_\_  
Number of Vehicles \_\_\_\_\_ Valid Registration and Inspection? \_\_\_\_\_  
Vehicle #1 (Make, Model, Colour, Year) \_\_\_\_\_  
Vehicle #2 (Make, Model, Colour, Year) \_\_\_\_\_

**Tenant 1**  
Occupation \_\_\_\_\_  
Full or Part Time \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Address \_\_\_\_\_  
How Long? \_\_\_\_\_ Annual Income? \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Bank: \_\_\_\_\_  
Chequing \_\_\_\_\_ Savings \_\_\_\_\_  
Average monthly balance (C) \_\_\_\_\_ (S) \_\_\_\_\_  
Branch \_\_\_\_\_  
References:

**Tenant 2**  
Occupation \_\_\_\_\_  
Full or Part Time \_\_\_\_\_  
Employed by \_\_\_\_\_  
Address \_\_\_\_\_  
How Long? \_\_\_\_\_ Annual Income? \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Bank \_\_\_\_\_  
Chequing \_\_\_\_\_ Savings \_\_\_\_\_  
Average monthly balance (C) \_\_\_\_\_ (S) \_\_\_\_\_  
Branch \_\_\_\_\_

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. _____	_____	_____	_____