



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

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

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

RENTAL APPLICATION

Date _____

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

FAX for all Locations (902) 445-9648

CP@COSMOSPROPERTIES.CA

The GREENBANK
DESIGNATED NON-SMOKING
81 Solutions Drive
Halifax, NS B3S 1R7
(902) 802-0516

The Arundel
DESIGNATED NON-SMOKING
91 Grandhaven Blvd.
Halifax NS
(902) 210-2531

The ROSEWOOD
DESIGNATED NON-SMOKING
130 Solutions Drive
Halifax, NS B3S 0B8
(902) 830-4894

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

This Application for: (Name and/or Address of Building)

Suite #

Applicant Information			
Name:			
Email Address:		Marital Status:	
Date of Birth:	Drivers Licence:	Phone:	
Current Address:			
City	Province:	Postal Code:	
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Rent:	How Long:
Previous Address:			
City	Province:	Postal Code:	
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Rent:	How Long:
Employment Information		Occupation:	
Current employer:		Business Phone:	
Employer Address:		How Long?	
Phone	Email:	Fax:	
City:		Postal Code:	
Position:	Hourly:	Salary:	Annual Income:
Co Applicant Information			
Name:			
Email Address:		Marital Status:	
Date of Birth:	Drivers Licence:	Phone:	
Current Address:			
City	Province:	Postal Code:	
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Rent:	How Long:
Previous Address:			
City	Province:	Postal Code:	
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Rent:	How Long:
Employment Information		Occupation:	
Current employer:		Business Phone:	
Employer Address:		How Long?	
Phone	Email:	Fax:	
City:	Province:	Postal Code:	
Position:	Hourly:	Salary:	Annual Income:
Current landlord Name _____		Phone _____	
Reason for Moving _____		No. of NSF payments ____ No. of late payments ____	

Emergency Contact:			
Name of person not residing with you:			
Address:			
City:	Prov:	Postal Code:	Phone:
Relationship:			
Additional Occupants:			
Names(Tenants to occupy the apartment)	Relationship	Age	
_____	_____	_____	
_____	_____	_____	

Vehicle Information:
1st Vehicle: Make, Model,Color,Year _____

2nd Vehicle: Make, Model,Color,Year _____

Additional Information	
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?	
How long do you plan to live In the rental unit?	
Size of Apartment 1st choice _____	2nd Choice _____ Monthly Rental \$ _____
References	
Name	Address
_____	_____
_____	_____
_____	_____

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 the applicant has misstated the number of persons in the applicant's family or the number of persons intended to occupy the apartment, or if the applicant has made any misstatements of facts in the application or if the applicant has made any other misstatement of material facts relating to the application and/or lease, or if the 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 the 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.

_____ I am aware that the buildings are Non-Smoking.

Signature of Applicants _____

Leasing Agent _____

I/We the undersigned, grant permission for Cosmos Properties Ltd. 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 _____