

Olympus Properties Management Ltd.
37 Crane Lake Drive
Halifax, NS
B3S 1B5

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info@olympusproperties.ca
Office: (902) 469-0764
Fax: (902) 469-0764 (8:30 – 3:30)
Fax: (902) 876-2261 (after 3:30pm)

RENTAL APPLICATION

Building Address: _____ Suite: _____
Possession Date: _____ Monthly Rent: _____ Parking Required? _____
Plate: _____ Make of Vehicle: _____ Master License# _____
Plate: _____ Make of Vehicle: _____ Master License# _____

APPLICANT S.I.N. # _____ Email: _____

Full Name: _____ Date of Birth: _____ Phone: _____
Present Address: _____ Postal Code: _____ How Long? _____ yrs
Previous Address: _____ Postal Code: _____ How Long? _____ yrs

Current Occupation: _____ Net Income: _____ /yr. Other income: _____ /yr
Employer's Name: _____ Address: _____
Phone #: _____ How Long? _____ yrs.
Previous Employer: _____ Address: _____ Phone #: _____

Present Landlord's Name: _____ Phone #: _____ Monthly Rent: _____
Reason for leaving: _____
Name of Bank: _____ Branch: _____
Next of Kin (who we call in an emergency): _____ Phone #: _____
Address: _____
References: (Previous landlord references preferred. Please include name, address, and phone number)
1. _____
2. _____

CO-APPLICANT S.I.N. # _____ Email: _____

Full Name: _____ Date of Birth: _____ Phone: _____
Present Address: _____ Postal Code: _____ How Long? _____ yrs
Previous Address: _____ Postal Code: _____ How Long? _____ yrs

Current Occupation: _____ Net Income: _____ /yr. Other income: _____ /yr
Employer's Name: _____ Address: _____
Phone #: _____ How Long? _____ yrs.
Previous Employer: _____ Address: _____ Phone #: _____

Present Landlord's Name: _____ Phone #: _____ Monthly Rent: _____
Reason for leaving: _____
Name of Bank: _____ Branch: _____
Next of Kin (who we call in an emergency): _____ Phone #: _____
Address: _____
References: (Previous landlord references preferred. Please include name, address, and phone number)
1. _____
2. _____

Number of people to occupy the suite: _____

Post dated cheques are requested upon signing of the lease. **I understand that no pets or visiting pets are allowed on the premises. It is understood that only those who are named above will occupy the suite.**

I hereby offer to lease from Olympus Properties Management Ltd. the suite referred to above as the terms stated and if accepted undertake to execute an arrangement of tenancy in the standard form used by the Lesser. **I represent that the information in the application is true and correct, and authorize you to obtain a CREDIT REPORT.**

Tenancy Act Received: _____

Applicant Signature: _____ Date: _____
Co-Applicant Signature: _____ Date: _____
Damage Dep: _____ Date: _____ Key Dep: _____ Date: _____