



THE MILLS

RESIDENCES

1470 Queen St, Suite 100
Halifax, NS B3J 0L2
www.themillsresidences.ca

APPLICATION FORM

Building Address: _____
Rental Rate: _____

Unit Number: _____
Parking #: _____ **Storage #:** _____

First Applicant

First Name: _____
Last Name: _____
Date of Birth (dd/mm/yyyy): _____
SIN: (optional) _____
Phone #: _____
Email: _____
Current Address: _____
Length of Tenancy: _____

Second Applicant

First Name: _____
Last Name: _____
Date of Birth (dd/mm/yyyy): _____
SIN: (optional) _____
Phone #: _____
Email: _____
Current Address: _____
Length of Tenancy: _____

Present Landlord

Company Name: _____
Phone #: _____
Email: _____

Present Landlord

Company Name: _____
Phone #: _____
Email: _____

Current Employment Information

Company: _____
Position: _____
Supervisor Name: _____
Supervisor Phone #: _____
Monthly Income (Gross): _____

Current Employment Information

Company: _____
Position: _____
Supervisor Name: _____
Supervisor Phone #: _____
Monthly Income (Gross): _____

Emergency Contact

Name: _____
Phone #: _____
Relationship: _____

Emergency Contact

Name: _____
Phone #: _____
Relationship: _____

Other Occupants

Occupant changes are not permitted without the prior written consent of the Landlord.

First Name: _____
Last Name: _____
Age: _____

First Name: _____
Last Name: _____
Age: _____



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The Landlord will not process an incomplete application. Please complete, sign and submit the application.

The owner and/or agent for the owner(s) reserves the right to reject this application and to refuse possession of the above-mentioned accommodations. NOTE: before a Lease is signed, the Landlord requires that the security deposit is paid. Once the application is approved, the Landlord requires a completed Pre Authorized Debit Form (PAD) with a void cheque. By signing the below, you are aware that a Landlord reference, employment reference, and credit report may be sought in the processing of this application, and you hereby grant permission for the owner and/or agent to obtain the same. The Mills Residences is pet and smoke free.

Signature _____
(First Applicant)
Date (dd/mm/yyyy): _____

Signature _____
(Second Applicant)
Date (dd/mm/yyyy): _____

How did you hear about us?

- Social Media
- Referral
- Signs
- Website
- Walk-in

Where are you coming from?

- Other Rental
- Sold Home
- Out of Country
- Outside HRM
- Other Parts of Canada

Why did you choose The Mills Residences as a place to call home? (optional)

Office Use Only

Unit Type: _____

Apartment Number: _____

Possession Date (dd/mm/yyyy): _____

Parking Number: _____

Storage Number: _____

Unit Rent Amount: _____

Parking Amount: _____

Storage Amount: _____

Total Rent (per month): \$ _____

Deposit

Half Month's Rent: \$ _____

Garage Door Remote: () X \$ _____ = \$ _____

Security Swipe: () X \$ _____ = \$ _____

Total Deposit: \$ _____

Date Received (dd/mm/yyyy): _____