

RENTAL APPLICATION

NO PETS ALLOWED

Date _____

1. Applicant info (current address and contact information)

| | Applicant 1 | Applicant 2 |
|----------------|-------------|-------------|
| Name | | |
| Address | | |
| | | |
| Phone (home) | | |
| Phone (office) | | |
| Phone (cell) | | |

2. Premises applied for:

Address _____

Parking privileges applied for _____ private passenger automobiles.

3. Details of occupancy (including applicants):

| Name | Age | Name | Age |
|------|-----|------|-----|
| | | | |
| | | | |
| | | | |

Date accommodation required: _____ 20__.

4. Rent Information:

Monthly Rent \$ _____

Utilities & Appliances: I agree to pay for the following services applicable to the desired premises:

Electricity _____ Gas _____ Water _____ Cable/ Phone/ Internet _____

Summary of moneys to be paid:

First months rent \$ _____

Prepaid last month's rent \$ _____

Total \$ _____

5. Consent:

I/We hereby certify, this _____ day of _____ 20_____, the information provided above and the reverse of this form

(Applicant's Particulars) to be true.

I/We give permission for the Landlord / Property Manager to contact current landlord, employer, and references and to request a credit report before adjudicating this application.

Signed: _____
Witness

Signed: _____
Tenant

Signed: _____
Witness

Signed: _____
Tenant

The information provided by the Applicant will be treated in a confidential manner.

6. Applicant's particulars:

| | Applicant 1 | Applicant 2 |
|----------------------------------|-------------|-------------|
| Years at present address | | |
| Landlord's name, address & phone | | |
| Previous address | | |
| Years at previous address | | |
| Previous landlord | | |
| Annual income | | |
| Employers name | | |
| Employer's address | | |
| Employer's phone number | | |
| Length of employment | | |
| Occupation | | |
| Previous employer | | |
| Length of employment | | |
| Make of vehicle | | |
| Year of vehicle | | |
| Colour of vehicle | | |
| Licence plate no. | | |
| Social insurance no. | | |
| Date of birth | | |

School supporter of: Public _____ Separate _____

References: Other than relatives (must be completed in full)

| | Name | Address | Phone | Occupation |
|----|-------|---------|-------|------------|
| 1. | _____ | | | |
| 2. | _____ | | | |

In case of emergency: Contact next of kin _____
 Name – Relationship
 _____ Address
 and phone number