



Owner/Landlord: _____

Address: _____

Phone Number: _____

Email: _____



Date: _____

1. APPLICANT(S)

Name: _____ Present Address: _____ Postal Code: _____

Phone – Home: _____ Work: _____ D.O.B.: _____

Name: _____ Present Address: _____ Postal Code: _____

Phone – Home: _____ Work: _____ D.O.B.: _____

Name: _____ Present Address: _____ Postal Code: _____

Phone – Home: _____ Work: _____ D.O.B.: _____

Name: _____ Present Address: _____ Postal Code: _____

Phone – Home: _____ Work: _____ D.O.B.: _____

2. PREMISES APPLIED FOR

Address: _____ Type of Premise: _____

Parking privileges for _____ private passenger vehicles: Outside Underground Carport Garage Other Describe: _____

Pets: Not Allowed Cat(s) Only Dog(s) Only Small Animal(s) Only Other Describe: _____

3. DETAILS OF OCCUPANCY

Date to commence: _____ Term to end: _____

4. RENTAL INFORMATION

Premise: _____

Parking: _____

Other: _____

Total Rent: _____

MONEY TO BE PAID

First Month's Rent \$ _____

Last Month's Rent \$ _____

Total: \$ _____

UTILITIES & APPLIANCES

I agree to pay for the following services applicable to this rental unit:

Electricity Gas Heat Cable Hot Water Heater

Other : _____

Split Rent? Yes No Maximum base rent \$ _____

Increase date: _____ Increase amount \$ _____

Amount received with this application:

\$ _____

Cash Certified Cheque Money Order

5. DEPOSIT

I/We hereby certify, this _____ day of _____, 20____, the information provided above and on the reverse of this form (Applicant's Particulars) to be true and deposit with the Landlord the Sum of \$ _____ which is equal to the last month's rent on the above premise.

I/We agree that upon acceptance of this application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement upon the above terms upon the Landlord's usual form, in which event the deposit shall be applied towards the rent of the last month's occupancy.

If I/We should fail to enter upon such Tenancy Agreement then, in addition to any other rights accruing to the Landlord, I/We agree that the deposit shall be forfeited.

The applicant hereby gives permission to the Landlord or his agent to perform credit checks, to contact employers, previous landlords or take any other reasonable steps in order to adjudicate this application.

Any omission or misstatement in this rental application may result in termination of your tenancy even after occupancy has been taken.

Member of the Credit Bureau may request a credit report before adjudicating this application.

I/We acknowledge this application has been read and fully understood.

Date: _____

Date: _____

Applicant 1 Signature

Applicant 2 Signature

Date: _____

Date: _____

Applicant 3 Signature

Applicant 4 Signature

(The company undertakes to treat the information provided by the applicant(s) in a confidential manner.)

6. APPLICANT'S PARTICULARS

		APPLICANT 1	APPLICANT 2
Present Address	Address		
	How long?		
	Landlord's name		
	Address/Phone Number		
Previous Address	Address		
	How long?		
	Landlord's name		
	Address/Phone Number		
Current Employment	Annual Income		
	Employer's Name/Phone		
	Occupation		
	Length of Employment		
Previous Employment	Employer's Name/Phone		
	Occupation		
	Length of Employment		
Banking Information	Name of Bank		
	Branch		
	Account Number & Type		
Automobile Information (if applicable)	Year/Make of Auto		
	Colour of Auto		
	Plate Number		
Additional Information	Driver's License Number		
	Social Insurance Number		
	Health Card Number		

		APPLICANT 3	APPLICANT 4
Present Address	Address		
	How long?		
	Landlord's name		
	Address/Phone Number		
Previous Address	Address		
	How long?		
	Landlord's name		
	Address/Phone Number		
Current Employment	Annual Income		
	Employer's Name/Phone		
	Occupation		
	Length of Employment		
Previous Employment	Employer's Name/Phone		
	Occupation		
	Length of Employment		
Banking Information	Name of Bank		
	Branch		
	Account Number & Type		
Automobile Information (if applicable)	Year/Make of Auto		
	Colour of Auto		
	Plate Number		
Additional Information	Driver's License Number		
	Social Insurance Number		
	Health Card Number		

School supporter of: Public Separate English French

7. PERSONAL REFERENCES: Other than relatives (must be completed in full)

Name Address Phone Number Occupation

1) _____

2) _____

8. CREDIT REFERENCES: Other than listed above

1) _____

2) _____

9. IN CASE OF EMERGENCY: Contact next of kin _____

I certify that the above information is complete and correct.

Applicant 1 Signature

Applicant 2 Signature

Applicant 3 Signature

Applicant 4 Signature