

RESIDENTIAL RENTAL APPLICATION

Property Manager

Property Manager Name: _____

Address: _____

Phone: () _____ - _____

Rental Property Information

Rental Property Address: _____

Application to rent suite # _____

Anticipated Possession Date: _____, _____

The term of the tenancy will be

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The monthly rent will be \$_____.

The initial security deposit will be \$_____.

Applicants' Personal Information

Applicant's Name: _____

Home Phone: () _____ Alternative Phone: () _____

Email Address (Optional): _____ Date of Birth: _____

Applicant's Social Insurance Number: _____

Second Applicant's Name: _____

Second Applicant's Date of Birth: _____

Second Applicant's Social Insurance Number: _____

Third Applicant's Name: _____

Third Applicant's Date of Birth: _____

Third Applicant's Social Insurance Number: _____

Name(s) of Dependant(s): Date(s) of Birth

Do you have a pet? Yes / No If more than one, how many? _____
Please describe type(s) of pet(s):

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Residential History

Present Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: () _____

Previous Address 1: _____

City: _____ Province/Territory: _____

Postal Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: () _____

Previous Address 2: _____

City: _____ Province/Territory: _____

Postal Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: () _____

Details of Employment

Employer: _____

Position: _____ Date Hired: _____

Supervisor's Name: _____ Phone: () _____

Salary: _____

(If employed less than one year with present employer, please provide previous employer.)

Previous Employer: _____

Position: _____ Date Hired: _____

Supervisor's Name: _____ Phone: () _____

Salary: _____

Other Sources of Income

Do you receive income from any of the following sources? Yes / No

Student Loans _____ Pension Benefits _____ Social Assistance _____ Other _____

Please provide contact persons who could verify the amount of income you receive:

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Vehicle Information

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Parking stall required? Yes / No Additional stall required? Yes / No (Subject to availability)

Banking Information

Banking Institution: _____

Address: _____

_____ Phone: ()

(If you bank with more than one institution, please list second bank below)

Banking Institution: _____

Address: _____

_____ Phone: ()

References

Name: _____ Phone: ()

Name: _____ Phone: ()

Emergency Contact

Name: _____

Relationship: _____ Phone: ()

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to: (a) contact my references and all other persons that I have named in this application

Applicant's Signature _____ Date _____