## **RENTAL APPLICATION**

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Suite:	Building:		Occupancy Date:		
APPLICANTS I	PERSONAL INFORMA	<u>ATION</u>			
First Name:		Last Name:			
Cell Phone: (	)	Work Phor	ne: ()		
Email Address:			Date of Birth:		
Social Insurance N	umber:				
Second Applicant	(Co-Applicant OR Co-Si	gnor) Please circle one			
First Name:		Last Name:			
Cell Phone: (	)	Work Phor	ne: ()		
Email Address:			Date of Birth:		
Social Insurance N	umber:				
Name(s) of Dependent(s):		Date(s) of Birth:			
			City:		
Prov:	Postal Code:	How long	How long at this address?		
Landlord / Lessor:		Phone	e: ()		
DETAILS OF E					
Employer:					
Occupation:		How l	Long:		
Supervisor's Name	:	Phone	e: ()		
Salary:					
Other Income Sour	ce:		Amount:		
VEHICLE INFO	<u>ORMATION</u>				
Make / Model:		Year:			
License Plate Num	ber:				
EMERGENCY	<u>CONTACT</u>				
Relationship:		Phone	e: ()		

## RENTAL APPLICATION

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The applicant agrees to enter into an Occupancy Ag	greement when requested by the Lar	ndlord on the Landlord's form	ns and abide by the
conditions of such agreement. I/We have inspected	the said premises and accept the sai	me to be in good condition. I	n good faith, I/We
deposit the sum of \$ as an application fe	ee & / or security deposit, which upo	on application approval shall	be credited by the
Company to a security Deposit. The said Application	on / Security Deposit Fee is forfeited	d as liquidated damages if I/	We fail to take
possession of the premises as agreed. Any damage	found in taking possession must be	reported in writing to the con	mpany within 7 days
I/We hereby agree that personal investigations may	be conducted, and consumer report	s obtained in support of this	application
PAYMENT INFORMATION			
A pro-rated rent of \$ will be paid in adva	ance to cover the period from	, to	, 20
<b>NOTE:</b> The term of occupancy is to begin and end	on a Calendar month basis. ALL RI	EGULAR PAYMENTS AR	E PAYABLE IN
ADVANCE BY THE FIRST OF EACH MONTH.			
PROPOGED LEAGE TERM P	20 15	1.	20
PROPOSED LEASE TERM: Beginning			
DUE FOR PAYMENT: Pro-Rated Rent \$	Base Rent \$	Security Deposit \$	
No. of Pets	Non-refundable Pet Fee(s)		
Move in Bonus \$	Move in Bonus \$	. <u></u>	
Dated this day of,	, 20		
I declare that the information I have provided is acc	curate. I authorize the individual or c	organization to whom this ap	plication is
submitted to: (a) contact my references and all othe	r persons that I have named in this a	application; and (b) perform	a credit and/or
criminal check to assess my suitability as a tenant/le	essee.		
Tenant	Signature Pro	operties Inc.	
_			
Tenant	Per:	(Resident Manager)	
(ADDITEATION MIST DE SIGNED DY A	II ADDITCANTO DEFODE	, ,	

(APPLICATION MUST BE SIGNED BY ALL APPLICANTS BEFORE PROCESSING)