RENTAL APPLICATION

Page 1 of 2

Suite: Building:	Occupancy Date:
APPLICANTS PERSONAL INFORMATION	
First Name 1:	Last Name:
Cell Phone: ()	Work Phone: ()
Email Address:	Date of Birth:
Social Insurance Number:	Smoker: YES/NO (Tobacco Smoking only outside)
Current Address:	City:
Prov: Postal Code:	How long at this address?
Landlord / Lessor:	Phone: ()
Current Rental Rate:	
Second Applicant (Co-Applicant OR Co-Signor	r) Please circle one
First Name 2:	Last Name:
Cell Phone: ()	Work Phone: ()
Email Address:	Date of Birth:
Social Insurance Number:	Smoker: YES/NO (Tobacco Smoking only outside)
Current Address:	City:
Prov: Postal Code:	How long at this address?
Landlord / Lessor:	Phone: ()
Current Rental Rate:	
Name(s) of Dependent(s):	Date(s) of Birth:
DETAILS OF EMPLOYMENT	
Employer 1:	
Occupation:	How Long: Salary
Supervisor's Name:	Phone: ()
Employer 2:	
Occupation:	How Long: Salary
Supervisor's Name:	Phone: ()

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Page 2 of 2

VEHICLE INFORMATION		
Make / Model:	Year:	
License Plate Number:		
EMERGENCY CONTACT		
Name:		
Relationship:	Phone: ()	
The applicant agrees to enter into an Occupancy Agree	ement when requested by the Landlord on the Landlord's forms and abide by the	
conditions of such agreement. I/We have inspected the	e said premises and accept the same to be in good condition. In good faith, I/We	
deposit the sum of \$ as an application fee &	ϵ / or security deposit, which upon application approval shall be credited by the	
Company to a security Deposit. The said Application / Security Deposit Fee is forfeited as liquidated damages if I/ We fail to take		
possession of the premises as agreed. Any damage fou	nd in taking possession must be reported in writing to the company within 7 days.	
I/We hereby agree that personal investigations may be conducted, and consumer reports obtained in support of this application		
DUE FOR PAYMENT: Base Rent \$	_ Parking Fee \$ Security Deposit \$	
No. of Pets	Pet Fee(s)	
Move in Bonus \$	Move in Bonus \$	
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; and (b) perform a credit and/or		
criminal check to assess my suitability as a tenant/lessee.		
Tenant	Dated this day of, 20	
_		
Tenant	Per: (Resident Manager)	
(APPLICATION MUST BE SIGNED BY ALL APPLICANTS BEFORE PROCESSING)		
Application Fee to be sent to the email provided by the Resident Manager. If you did not receive a payment email address, please reach out to our office at (403) 249 2158.		