

RENTAL APPLICATION

 New Application

 Transfer

OFFICE USE ONLY Date: _____

BUILDING NAME: _____

RENTAL PREMISES APPLIED FOR:
 Suite #: _____ Address: _____ City: _____ Unit Type: _____

Parking privileges required for _____ # vehicles Private automobile(s): Outside Underground Covered
Specify number of spaces required in each category

Locker required Yes No

1. APPLICANT(S)

(1) _____
Name Unit # Street City Postal Code

(2) _____
Name Unit # Street City Postal Code

(3) _____
Name Unit # Street City Postal Code

The following individuals will be living at the said premises. No other person(s) are allowed without the prior written permission of landlord.

2. OCCUPANT(S)

(1) _____ DOB: dd/mm/yyyy (4) _____ DOB: dd/mm/yyyy
Name

(2) _____ DOB: dd/mm/yyyy (5) _____ DOB: dd/mm/yyyy
Name

(3) _____ DOB: dd/mm/yyyy (6) _____ DOB: dd/mm/yyyy
Name

OFFICE USE ONLY

3. TERM TO COMMENCE _____ **TERM TO END** _____
dd/mm/yyyy dd/mm/yyyy

Monthly Rental	\$ _____	Pro-Rated Rent (is to be paid in advance): Period of Pro-Rate: _____ to _____ <small>dd/mm/yyyy dd/mm/yyyy</small>
Parking	\$ _____	
Storage Locker	\$ _____	
TOTAL MONTHLY RENTAL	\$ _____	Pro-Rated Rent \$ _____
		Pro-Rated Parking \$ _____
		Pro-Rated Storage \$ _____
		TOTAL PRO-RATED RENT \$ _____

The following must be collected at time of application:

First Month's Rent *	\$ _____
Last Month's Rent**	\$ _____
Pro-Rated Rent, if applicable *	\$ _____
Key/Fob Deposits **	\$ _____
TOTAL DUE	\$ _____

*** TOTAL Post Dated Cheques** \$ _____

**** TOTAL Certified Funds (m/o)** \$ _____

TOTAL COLLECTED \$ _____

The Applicants agree to pay for the following services and facilities applicable to the Rented premises to provide written confirmation from applicable utilities prior to commencement of lease that utilities are in Applicants name(s):

Hydro	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Water	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Cable TV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heat	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	AC Air Conditioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant(s) Initials: _____ 1

APPLICANTS' PARTICULARS	APPLICANT (1)	APPLICANT (2)
Name		
Date of Birth (dd/mm/yyyy)		
Cell Phone		
Home Phone		
Work Phone		
E-mail Address		
Social Insurance Number (optional)		
Present Landlord's Name		
Present Landlord's Phone		
Years at Present Address?		
What was Previous Address?		
Years at Previous Address?		
Name of Previous Landlord		
Previous Landlord's Phone		
Employer's Name		
Employer's Address		
Employer's Phone		
Length of Employment		
Occupation		
Annual Income		
Previous Employer's Name		
Previous Employer's Phone		
Length of Employment		
Name of Bank		
Other Income or Assets (Specify)		
Year, Make and Colour of Auto		
License Plate # (Auto)		
Driver's License #		
Photo ID Provided (Specify Type)		

REFERENCES: Two personal (other than relatives) and one credit other than the fore mentioned Bank.

Must be completed in full.

1	Name:		
	Relationship/Company:		
	Address:		
	Phone:		
2	Name:		
	Relationship/Company:		
	Address:		
	Phone:		
3	Name:		
	Relationship/Company:		
	Address:		
	Phone:		

Applicant(s) Initials: _____

