

PROPERTY ADDRESS

MOVE-IN DATE

APPLICANT INFORMATION

FULL LEGAL NAME:			
PHONE NUMBER:		EMAIL:	
DATE OF BIRTH:	MM	DD	YYYY
SIN*:			
CURRENT ADDRESS:	UNIT:	HOUSE/BUILDING NUMBER:	STREET NAME:
CITY:	PROVINCE:		POSTAL CODE:
DO YOU RENT OR OWN AT YOUR CURRENT ADDRESS? <input type="checkbox"/> RENT <input type="checkbox"/> OWN			
MONTHLY RENT (\$):	HOW LONG HAVE YOU LIVED THERE:		
PLEASE STATE WHY YOU ARE LEAVING YOUR CURRENT ADDRESS:			
LANDLORD NAME:			PHONE:
PREVIOUS ADDRESS:	UNIT:	HOUSE/BUILDING NUMBER:	STREET NAME:
CITY:	PROVINCE:		POSTAL CODE:
DID YOU RENT OR OWN AT YOUR PREVIOUS ADDRESS? <input type="checkbox"/> RENT <input type="checkbox"/> OWN			
MONTHLY RENT(\$):	HOW LONG DID YOU LIVE THERE:		
PLEASE STATE WHY YOU LEFT YOUR PREVIOUS ADDRESS:			
PREVIOUS LANDLORD NAME:			PHONE:

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:			
ADDRESS:		YOUR POSITION:	
CONTACT PERSON:	CONTACT PERSON POSITION:		PHONE:
HOW LONG HAVE YOU WORKED THERE :		ANNUAL INCOME (\$):	
(PLEASE LIST WHO WILL BE LIVING WITH YOU IN THE HOME)			
NAME:		PHONE:	
NAME:		PHONE:	
NAME:		PHONE:	
DO YOU OWN ANY PETS <input type="checkbox"/> YES <input type="checkbox"/> NO BREED/TYPE/WEIGHT:			
EMERGENCY CONTACT:		PHONE:	
CHARACTER REFERENCE (NO FAMILY):		PHONE:	

APPLICANT SIGNATURE (DO NOT TYPE NAME)

DATE

I declare that the information contained in this application is complete, accurate and truthful. I authorize the verification of the information provided on this form including credit and reference checks. I understand that the information collected in this application will be kept strictly confidential and used only to evaluate suitability as a tenant. I understand that this information may be used for purposes of responding to emergencies, ensuring the orderly management of the tenancy, complying with legal requirements and for collection purposes should rent monies be outstanding be left owing or rental property damaged at termination of lease or end of tenancy.