ViewU Rentals Ltd @Calgary Peace House, Deer Run SE, Calgary, AB PHONE: 403-896-4914 or 403-505-4914 CalgaryPeaceHouse@gmail.com

https://www.thehealing.house

APPLICATION TO RENT FORM

(PRINT CLEARLY or Form will be rejected)

	each person, not needed for dependents under 16 yrs. If a line is not filled in, we will I also be required to present 2 pieces of identification for verification purposes.
Date premises required:	
Room Interested in: Basement East	(\$750) West (\$750) Centre (\$500)
Furnished/ Unfurnished	Shared bath: Basement: Lite Kitchen Rental: (\$100)
*Allocated days for laundry facilities	
ALL IN	FORMATION HEREIN IS DEEMED CONFIDENTIAL
	vance on the first of the month: as per Border Lease agreement
Last Name:	First Name: Middle Name:
Date of Birth (yr/m/d):/	_/ Social Insurance No:
Driver's License #:	Province: Valid – Yes: No:
Driver's License Issued on (yr/m/d):	// Expires (yr/m/d)://
Current Address: (number/street)	City:
Province: Postal Code:	_ Phone: () Email:
How long residing at this address:	Rent Amount:Reason for Leaving:
Landlord's Name:	Landlord's Phone: ()
Previous Address: (number/street	c) City:
Province: Postal Code:	_ Phone: () Email:
How long residing at this address:	Rent Amount:Reason for Leaving:
Landlord's Name:	Landlord's Phone: ()
Current Employer (name):	Phone: ()
Occupation:	How Long:Salary or Annual Income:
Previous Employer (name):	Phone: (
Occupation:	How Long:

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Vehicle Information (yr/make/m	nodel/color 1.):	_//		
Vehicle License Plate# F	Province: VIN #	(Ve	rify info on registrat	tion doc) Y
Credit References (list bank, cre	edit union, charge accour	nts, or other credit re	eferences.)	
1				
2				
Personal References (list 2 per				
1.Name:		Phone: (
Street:	City:	Pı	rovince:	
2.Name:		Phone: (
Street:	City:	Pı	rovince:	
Have you ever been evicted as a to	enant? Yes No			
Have you ever been convicted of a	criminal offence? Yes	_ No (If yes, wh	at?)
In case of an emergency pleas	se notify:	Pho	one: ()	
Address: Street	City	Prov	Postal Code	
VERIFY IDENTIFICATION: Identification type 1	Particulars: _			
Identification type 2	Particulars:			

PRIVACY ACT CONSENT

I acknowledge that I understand that under the Privacy Act I must give written authorization to any party that wishes to obtain any personal information about me and any other applicants contained in my Applications.

This is to advise that I the undersigned hereby authorize ViewU Ltd, Hanayo Christine Erza of Calgary Room Rentals, the person or firm and its representatives to whom my application has been submitted, as deemed necessary in determining eligibility for tenancy and assessing credit worthiness, to collect personal information, while considering me for tenancy including but not limited to,

- a) Length of employment and employment status
- b) Rate of pay and hours worked/monthly income verification
- c) Rental history from current/past landlord
- d) Rent paid at current/past landlord
- e) Personal references as required
- f) consumer credit report,
- g) To conduct a criminal record search.
- h) An eviction search

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I also understand that to complete this application a credit history/check and personal/business reference checks will be conducted and allow FULL access to any and all information that ViewU Ltd, "ViewU Rentals, Calgary Peace House, the healing house" requires in order to fully process my application.

WELLNESS I do understand that these premises are non smoking, with exception of being cannabis friendly, in allocated outdoor space. Upon acceptance of my application, I do understand that as this is a Healing Sanctuary Space, and that I will be required to complete a Wellness Intake form and be an invited participant to attend the Calgary Peace House activities.

TENANCY WILL BE DENIED IF you misrepresent any information on the application and or if found after the rental agreement is signed, your rental agreement will be terminated.

I understand that the information set out in the rental application form 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 be left owing or rental property damaged at termination of lease or end of tenancy.

I,, (print name clearly)	[have read and fully understand the terms outlined in this "PRIVACY ACT ACKNOWLEDGEMENT AND CONSENT FORM" and agree to all the terms herein.]		
Signature of Applicant	Date		
PAID WITH APPLICATION:			
Pro-rated rent, cash/paypal/credit:	\$		
Damage deposit (equivalent to rental)	\$		
Application Fee (\$35)	\$ 35.00 (amount will be reduced from rent or in event not accepted)		
Total received	\$		

Please send your payments by Etransfer to info@viewu.ca

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