



Alliedskyz.com
(780) 678-7421

RENTAL APPLICATION

- Each Person (18 or older) must fill out a separate application.

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Any other names you've used in the past: _____

Birth Date Day/Month/Year: ____/____/____

Cell Phone Number: () _____ - _____ Other Phone Number: () _____ - _____

Email Address: _____

All Other Proposed Person Names: Birthdates Relationship to Applicant

| | | |
|-----------|-------|-------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |

Rental/ Residence History

| | Current Residence | Previous Residence | Prior Residence |
|---------------------------|----------------------|----------------------|----------------------|
| Street Address: | _____ | _____ | _____ |
| City: | _____ | _____ | _____ |
| Province: | _____ | _____ | _____ |
| Last Amount Paid: \$ | _____ | _____ | _____ |
| Owner/Manager Name: | _____ | _____ | _____ |
| Owner/Manager Phone #: | _____ | _____ | _____ |
| Reason for Leaving? | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Is/Was rent paid in full? | _____ | _____ | _____ |
| Did you give notice? | _____ | _____ | _____ |
| Were you asked to move? | _____ | _____ | _____ |
| Dates of Residency: | _____ | _____ | _____ |
| | Start Date -End Date | Start Date- End Date | Start Date- End Date |

Credit History

| | Savings | Checking | Credit Cards | Auto Loan(s) | Other Loans/Mortgages |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicles (include vehicles belonging to other occupants also)

| Make | Model | Colour | Year | Licence Plate |
|-------|-------|--------|-------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Personal References (Please include a minimum of 3 personal references)

| Name | Years Known | Relationship | Phone #: |
|----------|-------------|--------------|-------------------|
| 1) _____ | _____ | _____ | () _____ - _____ |
| 2) _____ | _____ | _____ | () _____ - _____ |
| 3) _____ | _____ | _____ | () _____ - _____ |
| 4) _____ | _____ | _____ | () _____ - _____ |

What Type Of Property Are You Looking For:

Location, Type of property, # of Bedrooms, # Bathrooms, Yard, Storage Shed, Garage, Desired rental amount, anything else?

Employment History

| | Current Employer | Previous Employer | Prior Employer |
|----------------------|-----------------------|-----------------------|-----------------------|
| Employed By: | _____ | _____ | _____ |
| Address: | _____ | _____ | _____ |
| Employer's Phone #: | _____ | _____ | _____ |
| Occupation: | _____ | _____ | _____ |
| Name of Supervisor: | _____ | _____ | _____ |
| Monthly gross pay: | _____ | _____ | _____ |
| Dates of Employment: | _____ | _____ | _____ |
| | Start Date - End Date | Start Date - End Date | Start Date - End Date |

References And Emergency Contacts

| | Emergency Contact | Nearest Living Relative |
|------------------------|-------------------|-------------------------|
| Name: | _____ | _____ |
| Street Address: | _____ | _____ |
| City: | _____ | _____ |
| Province, Postal Code: | _____ | _____ |
| Phone Number: | _____ | _____ |

-By Signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the residence for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

General Information

Have you ever been served a late rent notice? _____

Do any of the people who would be living in the property smoke? _____

How long do you think you would be renting from us? _____

Have you ever filed for bankruptcy? If so, when? _____

When would you be able to move in? _____

Have you been convicted of a felony? _____

Have you ever been served an eviction notice? _____

How many pets do you have? _____

What type, breed, approx. weight, and age of pets? _____

Have you had any recurring problems with your current property or landlord? If yes, please explain: _____

Why are you moving from your current location? _____

List any verifiable sources and amounts of income you wish to have considered(optional): _____

Have you been a party to a lawsuit in the past? _____

If yes, please explain _____

May we run a criminal background check? _____

Is there anything negative we would find that you want to comment on? _____

How did you hear about this property? _____

Is there a way that would have been easier for you to hear about the property? _____

-If you were to run into financial difficulty in the future and can't come up with the money to pay the rent, so you know someone that would loan you the money? If so please provide the person's name, address and phone # so that we can use them as a reference for you. Name: _____

Address _____ Phone #: (_____) _____ - _____

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorise a credit check and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application and does not constitute a rental or lease agreement in whole or part. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: _____ Date: _____

Please fill out and return to: alliedskyz@gmail.com

Thank you.