

Gowan Property Management Ltd.
Application Checklist

In order for us to process your application we need the following documents and information. Before you send your application to Head Office, make sure all necessary requirements are completed. If incomplete, your application can not be processed and you may have to start over and lose your applicant opportunity.

Rental Application for: _____

Building address: _____ Unit#: _____

- ☐ **Rental Application:** filled out completely. Ensure that the Applicant(s) name and birth date are printed exactly as shown on ID, and also clearly print the Applicant(s) SIN, full and current address, and children names.
- ☐ **Clear photocopy of 2 pieces of ID.** Valid ID include: driver's license, passport, P.R. card, and health card (if photocopy is not clear, superintendent must write by hand the complete names, dates, and numbers, and sign that it was checked with the originals).
- ☐ **Clear photocopy of SIN.**
- ☐ **Last 3 pay stubs or employment letter** (these documents should clearly mention Applicant(s) name, company name, and pay period).
- ☐ **Bank statement** (if applicable).
- ☐ **Previous Landlord Information Form:** filled out completely.
- ☐ **Photocopy of Location of Property** (must show only the Money Order or Certified Cheque for Applicant(s)).
- ☐ **2 photocopies of Money Order or Certified Cheque** for first and last month's rent (last month's rent can be paid upon signing the rental agreement).

Bedrooms: \$ _____
+ Parking: \$ _____
Total: \$ _____

Deposit must be payable to: _____
(No cash payments accepted)

Superintendent: _____ (print) _____ (signature)

Date: _____

FOR manager use:

- ☐ **Original Approval of Rental Application** (manager signature in top right corner of Application)
- ☐ **Original Equifax Report** (for this we need the following documents: bank statements, old SIN, change of name, others)

Manager: _____ (print) _____ (signature)

Date: _____

Gowan Property Management Limited Rental Application

Street Name: _____

Rental Amount : \$ _____

Building #: _____

Occupancy Date: _____

Unit #: _____

Parking Fee: \$ _____

Mr./Ms/Miss

First Name:

Last Name:

--	--

Address #:

Street Name:

Apt #:

City

--	--	--	--

Postal Code:

Home Phone #

Cell#

Pager #

--	--	--	--

Superintendent's Name:

Superintendent Phone #:

--	--

Property Management Owner's Name:

Management Phone #

--	--

Driver's License #:

S.I.N # :

Date Of Birth : Month/Day/Year

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How many years have you lived at the above address ?

Are you or your name on the lease on the above address?

Were there any problems with for Landlord?

Will you be keeping any pets in your unit?

How many people are applying for this apartment?

If yes, please give details on the back of this page.

If yes, please give details on the back of this page.

Each Adult over 18 must complete an application.

Name Of Occupant Under The Age Of Eighteen:

Date Of Birth:

Relationship:

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Name Of Occupant Under The Age Of Eighteen:

Date Of Birth:

Relationship:

--	--	--

Mgmt / Super's Name:

Mgmt / Super's Phone # :

How Long Living There?

--	--	--

2nd Previous Full Address:

Postal Code:

--	--

Mgmt / Super's Name:

Mgmt / Super's Phone # :

How Long Living There:

--	--	--

Your Current Employes Name:

Employer's Phone # : (Personal)

--	--

How many years have been working at this job?

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Please provide job letter.

What is your annual salary?

--

If no salary, please details how you would be paying for monthly rent.

By signing below , you accept the following terms:

1. You must pay for your Cable & Hydro in the rental unit.
2. You must have your own insurance for your belongings.
3. You must pay your rent on the 1st of each month.
4. You must report all maintenance in writing via a specified form.
5. You must maintain your ~~smoke~~ detector.
5. You are renting the apartment based on a one year lease.
6. You will never pay you monthly rent in cash/Nor anything else concerning the apartment.

All deposits on accepted application are non-refudable. The first two payments must be made by certified cheque or money order.

I/we authorize the landlord or agent to obtain verification and investigate information as permitted by law, and agree that any information may be disclosed to an agency or other person (s) as required. I herebyccertify that the information is true and complete.

Date: _____ Applicant Signature: _____

Amount Of Deposit: \$ _____



CURRENT LANDLORD INFORMATION

TO BE COMPLETED BY LANDLORD

Leaseholders name: _____

Any additional occupants: YES _____ NO _____ HOW MANY? _____

Residential Address: _____

Length of tenancy: _____

Rental Rate \$ _____ (is parking included in the rent?) _____

Did your tenant give 60 days notice to vacate? YES _____ NO _____

If no, how many days notice did they give? _____

Have their been any late rental payments? YES _____ NO _____

Have any cheques been returned by the bank for any reasons? YES _____ NO _____

Have you received any complaints on the unit? YES _____ NO _____

If yes, what was the reason ? _____

Would you rent the apartment to the tenant again: _____

Name of Owner/Company? _____

Address: _____

Telephone: _____

Contact Person: _____

Position: _____

Date: _____

Signature/ Stamp of Landlord or Agent: _____

Thank you for your time.

If you have any questions, you may call the Superintendent at _____

FOR YOUR PRIVACY, YOU MAY ALSO FAX THIS FORM TO _____

Tenant Information Form

Building Information:

Tenant Name: _____ Apt.: _____

Co-Tenant: _____

Tel. Home: _____

Work: _____

Cell: _____

Emergency Contact:

Name: _____ Relationship: _____

Contact No.: _____

Vehicle Information:

License: _____ License: _____

Make: _____ Make: _____

Colour: _____ Colour: _____

Plate No.: _____ Plate No.: _____

Year: _____ Year: _____

Model: _____ Model: _____

If you are an occupant who requires assistance during an emergency, please specify the type of help required. If no help is required please write N/A (not applicable).

Further Comments: _____

CONSENT TO PERFORM CREDIT, BACKGROUND AND REFERENCE CHECKS

I, _____, (rental applicant), authorize and permit _____, (rental owner/manager) to perform background checks and obtain information about me from credit reporting sources, current and previous landlord, personal and professional references, employers, banks, and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to the rental owner or manager stated above.

I further authorize and permit the rental owner or manager to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

Thanks to all parties for your cooperation with this matter.

Rental Applicant (signature): _____

Date: _____ Phone: _____

GOWAN PROPERTY MANAGEMENT LTD

221 Victoria Street, #306A, Toronto ON M5B 1V4 Tel: 416 862 8414: 416 361 9200

PARKING AGREEMENT

(ADDENDUM FORM)

Date: _____

Car Description:

Make: _____

Model: _____

Year: _____ Color: _____

Plate # _____

License #: _____

Parking Address: _____

Parking Spot #: _____

Rental Period: From: _____ To: _____

Rent per Month: \$ _____

Incentive: _____

.....
The first and the last month rent were received. Rent is due on the first day of the month.
If the tenant breaks the lease at any time before the lease expires, the last month rent
deposit will be forfeited. The tenant must notify the landlord in writing 60 days before the
lease expires of the intention to vacate or renew the lease. Failure to do so will be
considered a breach of the contract and results in forfeiture of the security deposit.
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Tenant's Name

Unit #: _____

Tenant's Address: _____

Tenant's Phone: Business: _____ Home: _____

Tenant's Signature _____ Date: _____

Superintendent's Signature _____ Date _____

This addendum will form part of the Tenancy Agreement.

Note: The landlord reserves the right to reassign parking spaces and to tow all the cars,
found parking illegally in the property, at the owner expense.

GOWAN PROPERTY MANAGEMENT LIMITED
221 VICTORIA STREET SUITE # 306A
TORONTO, ONTARIO M5B 1V4
Tel: (416) 862-8414 Fax: (416) 361-9200

VEHICLE REGISTRATION FORM

Tenant's Name: _____ **Apartment #** _____

Vehicle Plate # _____ **Sticker #** _____ **Spot #** _____

Vehicle Make _____ **Model** _____ **Colour** _____

VIN # _____

I _____ promised to return the above sticker # _____ upon termination of my parking agreement/lease with Gowan Property Management Limited.

Parking agreement/contract and charges will not be cancelled or terminated until the parking sticker # _____ is returned to the management office of the building.

Tenant's Signature

Date