



RENTAL APPLICATION FORM

Submit to: Krista@kristagill.com

Telephone: 519 378 7653

www.GreyBruceAdultLiving.com

APPLICANT (1) NAME _____ SIGNATURE _____

TELEPHONE _____ EMAIL _____

CURRENT ADDRESS _____

APPLICANT (2) NAME _____ SIGNATURE _____

TELEPHONE _____ EMAIL _____

CURRENT ADDRESS (if different) _____

DO YOU CURRENTLY? RENT or OWN

WILL YOU REQUIRE TO SELL YOUR HOME IN ORDER TO MOVE IN? YES or NO

WOULD YOU LIKE OUR PREFERRED REALTOR® TO CONTACT YOU TO PROVIDE A COMPLIMENTARY EVALUATION OF YOUR HOME? YES or NO

HOW LONG HAVE YOU LIVED THERE? _____ # OF DEPENDENTS LIVING WITH YOU? _____

DO YOU SMOKE? YES or NO

HOW MANY VEHICLES DO YOU HAVE? _____

MAKE & MODEL OF VEHICLE #1 _____

MAKE & MODEL OF VEHICLE #2 _____

DO YOU HAVE PETS? YES or NO LIST ALL PETS (TYPE & BREED & SIZE)

PLEASE PROVIDE 3 REFERENCES: (We will contact your references)

REFERENCE #1

NAME _____ RELATION _____

REFERENCE #2

NAME _____ RELATION _____