

APARTMENT APPLICATION

This application is binding on the Applicant(s) for a period of seven (7) days from the date signed, during which time this application is open for acceptance by or on behalf of the Landlord. Deposit is returned to the applicant only if this application is not accepted within the seven-day period. Upon acceptance, this application becomes the Tenancy Agreement. All applications must be completed in full. ALL APPLICANTS MAY BE CHECKED WITH THE CREDIT BUREAU and must provide photo I.D.

The undersigned hereby makes application to rent Unit # \_\_\_\_\_ at \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Stove and Refrigerator supplied by  Landlord  Tenant -   Initial of Tenant(s)

Heat paid by the  Landlord  Tenant -   Initial of Tenant(s)

Hydro paid by the  Landlord  Tenant -   Initial of Tenant(s)

Tenancy will start on the date of \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ including: Extra Charges  \$25.00 per month for 2<sup>nd</sup> vehicle and/or  \$45.00 per month for air conditioning unit between May 1 to September 30th every year for units with hydro included.   Initial of Tenant(s)

Last month's rent deposit \$ \_\_\_\_\_ paid on \_\_\_\_\_

1. Full Name of Tenant \_\_\_\_\_
2. Full Name of Spouse/Partner/Co-tenant \_\_\_\_\_
3. Present Address(s) & for **past four years** \_\_\_\_\_  
 Landlord's name \_\_\_\_\_  
 Ph# \_\_\_\_\_ How long \_\_\_\_\_  
 Landlord's name \_\_\_\_\_ Address \_\_\_\_\_  
 Ph# \_\_\_\_\_ How long \_\_\_\_\_
4. Employer of Applicant \_\_\_\_\_  
 Tel. No. \_\_\_\_\_ Job \_\_\_\_\_ How Long \_\_\_\_\_
5. Employer of Spouse/Partner/Co-Tenant \_\_\_\_\_  
 Tel. No. \_\_\_\_\_ Job \_\_\_\_\_ How Long \_\_\_\_\_
6. Social Insurance Number (optional) \_\_\_\_\_
7. Driver Licence Number \_\_\_\_\_
8. Date of Birth of Applicant \_\_\_\_\_

- 9. Date of Birth of Spouse/Partner/Co-Tenant \_\_\_\_\_
- 10. Number in the family to occupy the unit: adults: \_\_\_\_\_ children: \_\_\_\_\_ age \_\_\_\_\_
- 11. Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_
- 12. Email address: \_\_\_\_\_
- 13. Type of Vehicle \_\_\_\_\_ Color \_\_\_\_\_ Plate No. \_\_\_\_\_
- 14. 2<sup>nd</sup> vehicle parking is \$25.00 per month. Type: \_\_\_\_\_ License # \_\_\_\_\_
- 15. In case of emergence notify: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_
- 16. Two credit references; (Previous Landlord or Employer- No Family references)  
Name & Telephone # \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name & Telephone # \_\_\_\_\_  
Relationship: \_\_\_\_\_

17. Rent is due on or before the last day of each month for the following month. Payable as directed by the Landlord. Mail or Notices may be sent to the Landlord at to the office 219 O’Neil Drive, East, Garson, ON P3L 1H6.  
Phone 705-693-9977 (Office) Email: [sudburyapartmentrentals@gmail.com](mailto:sudburyapartmentrentals@gmail.com)

FOR EMERGENCIES ONLY CALL 705-690-1663

**Please Include a copy of Photo I.D along with your Application.**

The Landlord and the Applicant(s) agree that every covenant, proviso and agreement herein contained shall ensure to the benefit of and be binding upon both parties and their respective heirs, executors, administrators, successors and assigns, and that all covenants herein contained shall be construed as being joint and several.

I/we hereby authorize the Landlord to obtain such facts and investigate information regarding me/us as the Landlord deems necessary for his purposes and consent to it making inquiries of others. I/We hereby declare the information provided in this document is true and complete and that it forms part of the Agreement herein.

Dated at Sudbury ON, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Tenant \_\_\_\_\_ Witness \_\_\_\_\_

Co-Tenant/Partner/Spouse \_\_\_\_\_ Witness \_\_\_\_\_

**NOTICE TO TENANTS**  
**RENT PAYMENT OPTIONS**

The following are options for Rent Payments.

**OPTION #1-EMAIL MONEY TRANSFER (PREFERRED OPTION)**

Rent payments can be sent via Email Money Transfer. Send the payment to [sudburyapartmentrentals@gmail.com](mailto:sudburyapartmentrentals@gmail.com) and always include your full address and name in the sender's message of the etransfer.

Please use the preferred password\_ **sarrent**

**OPTION #2-POST DATED CHEQUES**

You can mail cheques (**not cash**) to the office 219 O'Neil Drive, East, Garson, ON P3L 1H6 or drop off post-dated cheques at the office.

Always call before coming to the office to make sure someone is in the office to meet you. Make sure all cheques are dated for the 1<sup>st</sup> of each month. Please keep in mind that if a cheque does not clear at any time, it is your responsibility to drop off a replacement cheque including the NSF charge at the office to avoid legal action for non-payment of rent.

**OPTION #3 DROP OFF CASH OR CHEQUE PAYMENT**

You may also drop off a cash or cheque payment at the office located at 219 O'Neil Drive, East, Garson, Ontario. **Always call before coming to office** to make sure someone is in the office to meet you.

We are providing these convenient payment options to help you pay your rent and we thank you in advance for your cooperation. Please contact us with any questions at the office by calling 705-693-9977 or email us at [sudburyapartmentrentals@gmail.com](mailto:sudburyapartmentrentals@gmail.com)

Warm Regards,  
Management