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| **Applicant Information** |
| Name:  |
| Date of birth: | Driver’s License: | Phone: |
| Current address: |
| City: | Province: | Postal Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: |
| City: | Province: | Postal Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |
| **Employment Information** |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | Province: | Postal Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| **Emergency Contact** |
| Name of a person not residing with you: |
| Address: |
| City: | Province: | Postal Code: | Phone: |
| Relationship: |
| **Co-applicant Information** |
| Name: |
| Date of birth: | Driver’s License: | Phone: |
| Current address: |
| City: | Province: | Postal Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: |
| City: | Province: | Postal Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |
| **Co-applicant Employment Information** |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | Province: | Postal Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| **References** |
| Name:  | Address: | Phone: |
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|  |  |  |
| I authorize the verification of the information provided on this form as to my credit and employment.  |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |

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| Rental Application for:  | Unit #:  |
| Rent Amount $ | Security Deposit $ |
| **I understand that the Security deposit will be retained by the landlord as a holding fee for said unit. Once the application has been approved and accepted the deposit will be retained by Landlord as a Security Deposit during the tenancy.** **This deposit will not be refunded if the Tenant fails to execute the lease within 10 days of being accepted.****\_\_\_\_\_\_\_\_\_\_ Please initial** |  |

**Additional Occupants**

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| --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **AGE** |
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**Additional Information**

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**Tenant Insurance Information**

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| **Insurance Provider:****Policy #:****Contact Information:** |