|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |
|  | | |  | | | |  |
|  | | |  | | | |  |
| 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: |

|  |  |
| --- | --- |
| 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**

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

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**Tenant Insurance Information**

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