

RESIDENTIAL TENANCY RENTAL APPLICATION

Fernandes Property Management
 190 Lees Ave, Unit 111
 Ottawa, Ontario.
 K1S 5L5
 Phone: 613-793 5215
 Email: fernandespropertymanagement@gmail.com

Date of Application:

I/We the named applicant(s), hereby make application to lease through Fernandes Property Management, the property located at _____, Rm # _____ at a monthly rate of \$ _____.

This tenancy starts on: Date (yyyy/mm/dd) _____

This tenancy agreement is for: a fixed length of time ending on: Date (yyyy/mm/dd) _____

The applicant(s) agrees to pay for the following services NOT included in the monthly rental amount:

- Gas
- Water
- Rented Water Heater
- Cable
- Electricity
- Parking
- Other _____

	APPLICANT 1	APPLICANT 2	VERIFIED
Name of Applicant (Last name, first name)			
Driver's License #:			
Email Address:			
Date of Birth:			
Social Insurance No.			
Phone: (Work/Daytime)	()	()	
Phone: (Home/Evening)	()	()	
Relationship of Applicants			

I/We will supply a certified cheque/money order/email transfer made payable to Fatima Fernandes at email **ffernandes0414@gmail.com** in the amount of \$ _____ as a deposit to be applied against the last month's rent/parking along with this application.

I/We agree that:

- 1) The premises will be occupied by Adults (over 18 yrs) _____ Children _____
- 2) No pets will be brought in or on the premises;
- 3) The rent will be paid on or before the first of the month;
- 4) I/We will execute the Landlord's standard form of lease before taking occupancy.

5) If this application is rejected, the deposit will be partially returned with an administration fee of \$50.00

This application will not be returned. A CONSUMER REPORT containing personal information may be referred to in connection with this application. Fernandes Property Management undertakes to treat the information obtained and that provided in the application in a confidential manner.

Please Note: The applicant acknowledges that the tenancy agreement requires the applicant to maintain fire, property damage and public liability insurance (A standard Tenant's insurance policy package) and that the Landlord will require satisfactory evidence of insurance prior to providing the Applicant with possession of the Rented premises.

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Applicant's Initials

Applicant History	Applicant #1	Applicant 2	Verified
Present Address: (street/Apt#/City/Prov/Postal Code)			
Length of Time at Present Address			
Present Landlord's Name & Address:			
Present Landlord's Phone #:			
Previous Address: (street/Apt#/City/Prov/Postal Code)			
Length of Time at Previous Address			
Previous Landlord's Name/Address			
Previous Landlord's Phone #:			
Present Employer: Company Name: Contact: Telephone #:			
Position/Occupation:			
Length of Time with Company:			
Salary: Monthly:			
Previous Employer: Company Name: Contact: Telephone #:			
Position/Occupation:			
Length of Time with Company:			
Salary: Monthly:			

Make & Model of Auto:			
Year and Color of Auto:			
License of Auto:			
1. Personal Reference: Name: Phone (W) Phone (H)			
2. Personal Reference: Name: Phone (W) Phone (H)			
Emergency Contact: Name Phone (W) Phone (H)			

I/We authorize the Landlord to obtain such facts and investigate information regarding me/us as necessary for its purposes. I/We declare that the information given in this application/agreement is true and complete and will form part of the agreement.

_____ Applicant 1 for Tenancy

_____ Applicant 2 for Tenancy