



Address Applied for: _____

How did you hear about us? Social media Current Tenant Kijiji Word of Mouth Our website Date
possession requested: _____

Length of Lease: _____

Pets? No ____ YES ____ If yes, what kind and how many?

Important: THE CONSENT TO DISCLOSE PAGE OF THIS APPLICATION FORM MUST BE SIGNED OR WE
CAN'T PROCESS YOUR APPLICATION. Failure to fill this form out correctly and completely may result
in your application being denied.

APPLICANTS FULL LEGAL NAME

Date of birth	
Social Insurance number	
Home phone number	
Work phone number	
Cell phone number	
Email Address	

Current Address	
City and Province	
Postal Code	
Do you rent or own current residence	
If renting, current landlord's name	
Landlord's phone number	
Current rent or mortgage	
Date you moved to your current residence	
Date your current lease expires	

www.JasperPlaceApartments.ca

Phone: 236-862-4922

E-Mail: JasperApartmentsEdmonton@gmail.com

10156 150 Street NW Edmonton, Alberta Canada, T5P 1P1.

Reason for moving	
Have you given 30 days notice	
Previous address	
City and province	
Postal Code	
Did you rent or own this property	
If rented, Landlord's name	
Landlord's phone number	
Length of stay	
Reason for moving	

Name of your current employer	
Your Job title	
Address of Employer	
Name of Human Resources Rep	
Supervisor's phone number	
Employment start date	
Monthly gross income	

Other regular sources of income (such as child support, family allowance, or other income)	
Amount per month \$	

CO APPLICANTS FULL LEGAL NAME	
Date of birth	
Social Insurance number	
Home phone number	
Work phone number	
Cell phone number	

Email Address	
Co Applicants current employer	
Your Job title	
Address of Employer	
Name of Human Resources Rep	
Supervisor's phone number	
Employment start date	
Monthly gross income	

Co Applicants Current Address *** IF DIFFERENT FROM APPLICANTS***	
City and Province	
Postal Code	
Do you rent or own current residence	
If renting, current landlord's name	
Landlord's phone number	
Current rent or mortgage	
Date you moved to your current residence	
Date your current lease expires	
Reason for moving	
Have you given 30 days notice	

Name, Age and Relationship of all intended occupants; Picture ID is required for all applicants over the age of 18.

Name	
Age	
Relationship	
Name	
Age	
Relationship	
Name	
Age	
Relationship	

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Name of Reference	
Reference's Occupation	
References phone number	
How long have you known this person	
How do you know this person	

Relatives or friends who can be contacted in case of emergency

Name	
Phone Number	
Relationship to you	

I hereby apply for the rental premises as indicated on page one of this application form. I understand that by signing this application, a binding offer to rent, or lease said premises is created and if the Landlord accepts my application and I withdraw or cancel, I understand my deposit will be forfeited and I will be bound to the terms of this application making me liable for any loss of income incurred by the Landlord because of my cancellation. If accepted, I agree to sign a lease and/or written tenancy agreement. I understand that a credit, reference, and other relevant investigation will be undertaken to determine my rental, court, tribunals, employers, and personal references to disclose any pertinent information about me.

If the landlord does not accept this application, reasons for refusal shall not be divulged, but my deposit will be refunded in full. This application is governed by the local laws and Province in Canada as the law requires.

Date: _____ Applicant's Signature: _____

Date: _____ Co - Applicant's Signature: _____

INFORMED ADDITIONAL SEARCH CONSENT FORM

Personal Information								
Please Print (Applicant to Complete)								
Surname		First Name Middle (Second) Name						
Maiden Name or Other Surnames Used (if applicable):		Place of Birth (If other than Canada, please also note date entry)						
Date of Birth (YYYY-MM-DD or 2011-Jan-01)	Sex: MF	Phone Number	Driver's Licence # *Required for Driver's Abstract	SIN # *Required for Credit Report				
# Number Street Name Apt / Unit # City / Province / Country Postal Code								
Previous Address(es) Provide if you did not reside at above address for more than five (5) years								
# Number Street Name Apt / Unit # City / Province / Country Postal Code								
# Number Street Name Apt / Unit # City / Province / Country Postal Code								
<p>RELEASE AUTHORIZATION AND WAIVER</p> <p>By signing this form, I certify that the information set out by me in this application is true and correct to the best of my ability. I am aware and give consent to the release of information to Xpera HRservices and its partner to disseminate and transmit the results electronically or in hard copy to a location in/ or outside of Canada. The information is collected and disclosed according to the Federal Privacy Act, MFIPPA, PIPA, PIPEDA and Quebec Privacy Laws. It may also be subjected to applicable international privacy legislation i.e. U.S. Patriot Act.</p> <p>I hereby release and forever discharge all members and employees of Xpera HRservices from any and all actions, claims and demands for damages, loss or injury which may hereafter be sustained by myself, as a result of the disclosure of information to Xpera HRservices and its partners named below.</p> <p style="text-align: center; margin-top: 20px;">**NO DIGITAL SIGNATURES**</p>		<p>I HEREBY CONSENT TO THE SEARCH AND RELEASE OF:</p> <table style="width: 100%; border: none;"> <tr> <td colspan="2">Additional Searches Listed Below</td> </tr> <tr> <td style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Bankruptcy Civil Credential Verification Credit Report Driver's Abstract Education Verification </div> <div style="width: 5%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </td> <td style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Employment Verification ID Verification Media Search Reference Check SIN Validation </div> <div style="width: 5%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </td> </tr> </table> <p>Signed this _____ day of _____, 20____</p> <p style="text-align: center; margin-top: 10px;">_____ SIGNATURE OF APPLICANT</p>			Additional Searches Listed Below		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Bankruptcy Civil Credential Verification Credit Report Driver's Abstract Education Verification </div> <div style="width: 5%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Employment Verification ID Verification Media Search Reference Check SIN Validation </div> <div style="width: 5%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>
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Additional Information	
Authorization for Requested Search/es (Employer / Company Representative to Sign)	
Employer / Company Name	
Company Representative Name	Company Representative Signature
Email Address	Phone Number