

ONE APPLICATION MUST BE COMPLETED FOR **EACH PERSON** AGE 18 AND OVER. ALL INFORMATION MUST BE FILLED OUT AND SUPPORTING DOCUMENTS ATTACHED.

| Date of view | ing | | Move-in date: | | | | |
|--|-------------------------------------|-------------|------------------|------------|---------------|--|--|
| Rental Addre | ess: | | | | | | |
| I agree to pay \$ monthly rer | | | nt AND \$ | Prepaid La | st Month Rent | | |
| Full Name | | | | | | | |
| Date of Birth | Date of Birth (month/day/year)S.I.N | | | | | | |
| Driver's Licence Number/ Provincial Photo ID Number | | | | | | | |
| Phone Numb | oer | | | | | | |
| Email Address | | | | | | | |
| Children under the age of 18 who will occupy the premise in addition to the Applicant(s): | | | | | | | |
| | | | | | | | |
| Name | | | Relationship | | Age | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Do you have pets? | | | | | | | |
| □ Dog(s) | Yes □ No □ | number: | breed: | | | | |
| □ Cat(s) | Yes □ No □ | number: | breed: | | | | |
| □ Other | Yes □ No □ | number: | type: | | | | |
| * Please list number of each type of animal. If accepted, you will be asked to sign a damage waiver. | | | | | | | |
| Do you smoke? Yes □ No □ (smokers will be encouraged to do so outdoors only) | | | | | | | |

CURRENT ADDRESS Apt #, Street Address City Postal Code How long? Your present Monthly Rent/Mortgage Payment Do you Rent Reason for leaving _____ Your current landlord information (MANDATORY): Name/Company Phone **PREVIOUS ADDRESS** Apt #, Street Address City Postal Code _____How long? ____ Your Monthly Rent/Mortgage Payment _____ Did you Rent \(\simeta \) Own \(\simeta \) ? Reason for leaving Your previous landlord information (MANDATORY): Name/Company ______ Phone ______ **EMPLOYMENT INCOME** Name of Employer ______ Phone _____ How long have you worked there? Your net income per pay period \$ (UNDER 6 MONTHS, YOU WILL BE REQUIRED TO PROVIDE A GUARANTOR) Tam full time □ part time □ Tam paid Weekly □ Bi-weekly □ Monthly AND/OR I receive monthly benefits: Monthly Benefit □ ODSP Monthly Benefit ______ □ Ontario Works Monthly Benefit _____ □ Canada Pension Monthly Benefit □ Old Age Security Monthly Benefit ______ ☐ CMHA Housing Benefits □ Other _____ Monthly Income

| VEHICLE | | | | | | |
|---|-------------------------|--|--|--|--|--|
| Year, Make/Model | Car loan monthly amount | | | | | |
| ColourLicen | se Plate Number | | | | | |
| I have an EBike that I will be plugging in | Yes □ No □ | | | | | |
| *EBike is not included in "all inclusive" rent, there is an additional charge per month | | | | | | |
| | | | | | | |
| BANKING INFORMATION | | | | | | |
| Bank Name | Location | | | | | |
| Branch transit # | Acct # | | | | | |
| PERSONAL REFERENCES (MANDATORY, No family members) | | | | | | |
| • | Phone | | | | | |
| Name | Phone | | | | | |
| PERSONAL REFERENCE (MANDATORY, family only) | | | | | | |
| Name | Phone | | | | | |
| "IN CASE OF EMERGENCY" CONTACT INFORMATION | | | | | | |
| Name | Relationship | | | | | |
| Phone | | | | | | |
| | | | | | | |

Copies of supporting documents that MUST be included with this application: *WITHOUT ALL REQUIRED DOCUMENTATION, THE APPLICATION WILL BE DENIED.

- * Drivers Licence, Provincial ID or Health Card (cannot be expired) front and back
- * Statements of Income for all income sources employment and/or alternative income sources –provide 3 stubs for each income source

[Child Support or Spousal Support documentation accepted (if applicable)]

- * Copy of current Utility/Phone Bill with your name & current address
- * Screenshot of your credit score (a credit report may be required at a later stage of the review)

The applicant agrees to pay the following Utilities and Services in addition to the rent:

* **Hydro** (if applicable)

* Replacement Key Charges

* Water/Sewer (if applicable)

* Cable/internet (not supplied)

* A/C Charges(if applicable)

* Water Heater Rental (if applicable)

* EBike Plug In Charges (if applicable)

* Parking (if applicable)

* Natural Gas (if applicable)

* Tenant Liability Insurance (mandatory)

The Applicant declares all the above information to be true. The Applicant authorizes Janssen Property Management to contact references or employment for the purpose of determining eligibility of the Applicant. Shared information is confidential and will not be released to anyone without the Applicant's consent.

| Name (please print) | | |
|---------------------|------|--|
| | | |
| | | |
| Signature | Date | |

Please return application in person to: Janssen Property Management

Unit #1, 744 Grand Ave E, Chatham ON

Or by mail to: Janssen Property Management

P.O. Box 955, Stn Main, Chatham, ON N7M 5L3

Or by email to: janssenpropertymanagement@gmail.com

Office Hours: Monday – Friday: 9:00 AM – 4:00 PM

Saturday – Sunday: CLOSED

Phone Number: 519-351-7526

Website: https://janssenpropertymanagement.ca

^{*} Damages caused by their pet(s), themself or their guest(s) (mandatory)