

Maple City Mini Storage Inc. Rental Application for 60 Barthe Street, Chatham

**ALL INFORMATION MUST BE FILLED OUT AND SUPPORTING DOCUMENTS ATTACHED OR
APPLICATION WILL NOT BE ACCEPTED.**

Date of viewing _____ Move-in Date: _____

Room Number: _____ - 60 Barthe Street, Chatham, Ontario, N7L 1T6

Room Rental Length: 1 year 6 Months Other (Specify) _____

I agree to pay \$ _____ monthly rent **AND** \$ _____ Prepaid Last Month Rent

Full Name _____

Date of Birth (month/day/year) _____ S.I.N _____

Driver's Licence Number/Provincial Photo ID Number _____

Phone Number _____ Email Address _____

Do you smoke? Yes No

NOTE: This is a non-smoking building - smoking is to be done outdoors, away from the building.

CURRENT ADDRESS

Apt #, Street Address _____

City _____ Postal Code _____ How long? _____

Your present Monthly Rent/Mortgage Payment _____ Do you Rent Own ?

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 Own ?

Reason for leaving _____

Your current landlord information (MANDATORY):

Name/Company _____ Phone _____

EMPLOYMENT/INCOME

Name of Employer _____

How long have you worked there? _____ Your net income per pay period \$ _____

(UNDER 6 MONTHS, YOU WILL BE REQUIRED TO PROVIDE A GUARANTOR)

I am paid Weekly Bi-weekly Monthly

AND/OR I receive monthly benefits:

ODSP Monthly Benefit _____

Ontario Works Monthly Benefit _____

Canada Pension Monthly Benefit _____

Old Age Security Monthly Benefit _____

CMHA Housing Benefits Monthly Benefit _____

Other _____ Monthly Benefit _____

VEHICLE

Make/Model _____

Colour _____ License 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 (No family members)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

"INCASE OF EMERGENCY" CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

Copies of supporting documents that MUST be attached to 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** (if applicable)
- * **Copy of current Utility/Phone Bill** with your name & current address
- ***screenshot of credit score**

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

- * **Replacement Key Charges**
- * **A/C Charges** (if the applicant chooses to have an a/c unit in their room)
- * **EBike Plug In Charges** (if applicable)
- * **Repair of damages caused by themselves or their guest(s)**

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.

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>