



**ONE APPLICATION MUST BE COMPLETED FOR EACH PERSON OVER THE AGE OF 16.
ALL INFORMATION MUST BE FILLED OUT AND SUPPORTING DOCUMENTS ATTACH OR APPLICATION WILL
NOT BE ACCEPTED.**

Date of viewing _____ Rental Date: _____

Rental Address: _____

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 _____

Phone Number _____

Email Address _____

Children under the age of 16 who will occupy the premise in addition to the Applicant(s):

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have pets? Yes No

Dog(s) _____

Cat(s) _____

Other _____

* Please list number of each type of animal. If accepted, you will be asked to sign an damage waiver.

Do you smoke? Yes No

CURRENT ADDRESS

Apt #, Street Address _____

City _____ Postal Code _____

Do you Rent Own ?

How long have you lived at this address? _____

Your present Monthly Rent/Mortgage Payment _____

Reason for leaving _____

Your current landlord information:

Name/Company _____ Phone _____

PREVIOUS ADDRESS

Apt #, Street Address _____

City _____ Postal Code _____

Your previous landlord information:

Name/Company _____ Phone _____

EMPLOYMENT/INCOME

Name of Employer _____

Phone _____

How long have you worked there? _____

Your salary or wage \$ _____ I am paid Weekly Bi-weekly Monthly

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, additional charge per month**

BANKING INFORMATION

Bank Name/Address _____

Phone _____ Acct # _____

PERSONAL REFERENCES (No family members)

Name _____ Phone _____

Name _____ Phone _____

"INCASE OF EMERGENCY" CONTACT INFORMATION

Name _____ Relationship _____

Phone _____

I agree to pay the following Utilities and Services in addition to my rent:

- | | |
|---|---|
| <input type="checkbox"/> Hydro | <input type="checkbox"/> Replacement Key Charges |
| <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Cable |
| <input type="checkbox"/> A/C Charges | <input type="checkbox"/> Water Heater Rental |
| <input type="checkbox"/> EBike Plug In Charges | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Damages caused by my pet(s), myself or my guest(s) |
| <input type="checkbox"/> Tenant Liability Insurance | |

Copies of supporting documents that have to be attached to this application.

***Without all required documentation, the application will be denied.**

- Drivers Licence or Health Card (cannot be expired)
- ODSP or OW – provide 3 stubs
- Child Support or Spousal Support documentation
- Statement of Income – provide 3 stubs
- Copy of current Utility Bill with your name & current address

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/by email:

**Janssen Property Management
744 Grand Ave E, Chatham ON**

Office Hours:

Monday – Friday: 9:00 AM – 4:00 PM

Saturday – Sunday: CLOSED

Phone Number: 519-351-7526

Email: janssenpropertymanagement@gmail.com