

ONE APPLICATION MUST BE COMPLETED FOR EACH PERSON OVER THE AGE OF 16. ALL INFORMATION MUST BE FILLED OUT AND SUPPORTING DOCUMENTS ATTACHED.

Date of viewi	ng		Rental Date	:	
Rental Addres	ss:				
I agree to pay	, \$	monthly re	nt AND \$	Prepaid La	st Month Rent
Full Name					
Date of Birth	(month/day/yea	r)		S.I.N	
Driver's Licen	ce Number				
Phone Number	er				
Email Address	s				
	ider the age o	f 16 who will		nise in addition to the	
Name			Relationship		Age
Do you have p	pets?				
□ Dog(s)	Yes □ No □	number:			<u>-</u>
□ Cat(s)	Yes □ No □	number:			
□ Other	Yes □ No □	number:			
* Please list n	umber of each t	ype of animal.	. If accepted, you	u will be asked to sign	a damage waiver.
Do you smoke	e? 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 _____ Did you Rent □ Own □ ? How long did you live at this address? Reason for leaving ______ 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 □ **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 _____

Make/Model	
ColourLicer	nse Plate Number
I have an EBike that I will be plugging in	Yes □ No □
*EBike is not included in "all inclusive" ren	t, there is an additional charge per month
BANKING INFORMATION	
Bank Name	Location
Branch transit #	Acct #
PERSONAL REFERENCES (No family mer	nbers) Phone
	Phone
"INCASE OF EMERGENCY" CONTACT IN	FORMATION
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 each [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

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) * Damages caused by their pet(s), themself or their guest(s) (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 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