

60 Barthe St Rooming House – 1640505 Ontario Inc. Rental Application

Please fill in ALL the required information. Submit ALL documents requested or application will be denied.

Date of viewing _____ Date Room Required _____

Room # _____ 60 Barthe Street, Chatham ON N7L 1T6

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) _____ SIN _____

Driver's Licence Number _____

Health Card Number _____

Birth Certificate Number _____

Cellphone _____

Email Address _____

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

Plate/Make/Model/Colour _____

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:

- A/C Charges
- Replacement Key Charges
- EBike Plug In Charges
- Damages caused by myself or my 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 if the Applicant is a suitable tenant. Shared information is confidential and will not be released to anyone without the Applicant's consent.

I have attached ALL copies of the following ID that applies to myself to this application. Without additional documentation, application will be denied.

- Drivers Licence or Health Card (cannot be expired)
- Birth Certificate or Social Insurance Card
- ODSP or OW – provide 3 stubs
- Statement of Income – provide 3 stubs
- Bank Information OR copy of current Utility Bill with your name & current address

Signature _____

Date _____

Please return application in person/by email:

1640505 Ontario Inc. c/o Janssen Property Management

744 Grand Ave E, Chatham ON P.O. Box 955

Phone: 519-351-7526

Fax #: 519-351-6916

Email: janssenpropertymanagement@gmail.com

Office Hours:

Monday – Friday 9:00 – 4:00

Saturday – Sunday CLOSED

