



RESIDENTIAL TENANCY RENTAL APPLICATION

PROPERTY ADDRESS		UNIT	CITY	PROVINCE	POSTAL CODE	TYPE	#OCCUPANTS
MOVE IN DATE	TERM OF LEASE	LEASE TYPE	BEGINNING ON (M/D/Y) AND ENDING ON (M/D/Y)		APPLIANCE: F S M W D		
RENT PER MONTH	PARKING CHARGE	OTHER	DISCOUNTS	TOTAL PER MONTH	ADMIN FEE	DEPOSIT RECEIVED	

UPON SIGNING THIS APPLICATION, THE APPLICANT UNDERSTANDS AND IS AWARE THAT A BINDING OFFER TO LEASE IS CREATED AND THE APPLICANT SHALL NOT WITHDRAW OR CANCEL THIS APPLICATION WITHOUT PENALTY. THIS OFFER UPON ACCEPTANCE SHALL CONSTITUTE A BINDING CONTRACT AND SHALL FORM PART OF THE LEASE. THE APPLICANT, UPON ACCEPTANCE OF THIS OFFER, UNDERTAKES TO SIGN A FORMAL LEASE TO RENT THE ABOVE-NOTED APARTMENT ON THE LANDLORD'S FORM WITHIN FIVE (5) DAYS OF ACCEPTANCE.

PLEASE TAKE A MOMENT TO TELL US HOW YOU HEARD ABOUT US:

ADVERTISEMENT: NEWSPAPER RENTER'S NEWS RENT SIGN WALK-BY WEBSITE: _____ REFERRAL: _____

(PLEASE PRINT CLEARLY)

PROOF OF INCOME IS REQUIRED

APPLICANT # 1

NAME (LAST/FIRST): _____ SIN: _____ DATE OF BIRTH (M/D/Y): _____
PRESENT ADDRESS: _____ PHONE: _____ EMAIL: _____
CITY/PROVINCE: _____ POSTAL CODE: _____ CELLULAR: _____
REASON FOR MOVING: _____ RENT PAYMENT: \$ _____ HAVE YOU GIVEN NOTICE: YES No
PRESENT LANDLORD: _____ PHONE: _____ HOW LONG: _____
PREVIOUS LANDLORD: _____ PHONE: _____ HOW LONG: _____
PRESENT EMPLOYER: _____ PHONE: _____ CONTACT: _____
OCCUPATION/TITLE: _____ ANNUAL INCOME: \$ _____ HOW LONG: _____
PREVIOUS EMPLOYER: _____ PHONE: _____ CONTACT: _____
WILL YOU REQUIRE A PARKING SPOT?: _____ NUMBER OF AUTOMOBILES: _____
EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____
EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

APPLICANT # 2

PROOF OF INCOME IS REQUIRED

NAME (LAST/FIRST): _____ SIN: _____ DATE OF BIRTH (M/D/Y): _____
PRESENT ADDRESS: _____ PHONE: _____ EMAIL: _____
CITY/PROVINCE: _____ POSTAL CODE: _____ CELLULAR: _____
REASON FOR MOVING: _____ RENT PAYMENT: \$ _____ HAVE YOU GIVEN NOTICE: YES No
PRESENT LANDLORD: _____ PHONE: _____ HOW LONG: _____
PREVIOUS LANDLORD: _____ PHONE: _____ HOW LONG: _____
PRESENT EMPLOYER: _____ PHONE: _____ CONTACT: _____
OCCUPATION/TITLE: _____ ANNUAL INCOME: \$ _____ HOW LONG: _____
PREVIOUS EMPLOYER: _____ PHONE: _____ CONTACT: _____
WILL YOU REQUIRE A PARKING SPOT?: _____ NUMBER OF AUTOMOBILES: _____
EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____
EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

