

# **RENTAL APPLICATION**

Date: \_\_\_\_\_ To: \_\_\_\_\_  
(Landlord or Agent)

**PLEASE PRINT CLEARLY**

	DATE OF BIRTH	SOCIAL INSURANCE NUMBER
NAME(S) M _____	_____	_____
M _____	_____	_____
M _____	_____	_____

**IDENTIFYING DOCUMENT:** \_\_\_\_\_ **DOCUMENT #:** \_\_\_\_\_

**PREMISES APPLIED FOR:**

SUITE \_\_\_\_\_ TYPE \_\_\_\_\_ AT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Parking for \_\_\_\_\_ Private Passenger Automobile(s) Outside  / Garage  / Car Port  / Underground

**PROPOSED OCCUPANTS:**

NAMES	AGE	NAMES	AGE

**DETAILS OF OCCUPANCY:**

TERM TO COMMENCE \_\_\_\_\_ 20\_\_\_\_. TERM TO END \_\_\_\_\_ 20\_\_\_\_.

**PAYMENT INFORMATION:**

A pro-rated rent of \$ \_\_\_\_\_ will be paid in advance to cover the period from \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_.

Pro-rated rent applies in situations where Tenant moves into unit other than on the 1<sup>st</sup> of a rental period (ie: mid-month).

**THE UNDERSIGNED AGREES TO PAY FOR THE FOLLOWING SERVICES APPLICABLE TO THE DESIRED PREMISES:** (Please mark YES or NO)

ELECTRICITY	GAS	HEAT	WATER AND SEWER	HOT WATER HEATER	CABLE T.V.	OTHER

MONTHLY RENTAL: \$ _____	PRO-RATED RENT: \$ _____
PARKING: INSIDE \$ _____	1 <sup>ST</sup> MONTHS RENT: \$ _____
OUTSIDE \$ _____	LAST MONTHS RENT (PREPAID): \$ _____
CARPORT \$ _____	AMOUNT DUE PRIOR TO OCCUPANCY: \$ _____
*MONTHLY TOTAL \$ _____	

**\*MONTHLY TOTAL PAYABLE TO THE LANDLORD OR HIS AGENT IN ADVANCE ON THE FIRST DAY OF EACH MONTH.**

Deposit received with application \$ \_\_\_\_\_ by cash  / by cheque  / to be applied upon acceptance of this application as: last month's rent  / first month's rent  / pro-rated rent  / \_\_\_\_\_

### ***No Smoking Allowed***

**BINDING AGREEMENT:**

THE UNDERSIGNED ACKNOWLEDGES THAT UPON ACCEPTANCE OF THIS APPLICATION BY THE LANDLORD, A BINDING AGREEMENT SHALL BE CREATED BETWEEN THE PARTIES HERETO AND THE UNDERSIGNED SHALL FORTHWITH ENTER INTO A TENANCY AGREEMENT PRIOR TO POSSESSION OF THE PREMISES UPON THE ABOVE TERMS, UPON THE LANDLORD'S USUAL FORM, IN WHICH EVENT THE DEPOSIT SHALL BE APPLIED TOWARDS THE LAST MONTH'S RENT, IF THE UNDERSIGNED SHOULD FAIL TO ENTER UPON SUCH TENANCY AGREEMENT, THEN SUBJECT TO THE CODE OF ETHICS OF THE UDI, IN ADDITION TO ANY OTHER RIGHTS ACCRUING TO THE LANDLORD, THE UNDERSIGNED AGREES THAT THE DEPOSIT SHALL BE FORFEITED.

**CREDIT REPORT:**

THE UNDERSIGNED CONSENTS TO THE OBTAINING OF SUCH INFORMATION AS THE LANDLORD MAY DEEM NECESSARY AT ANY TIME IN CONNECTION WITH THE UNDERSIGNED, IN CONJUNCTION WITH THE PREMISES HEREBY APPLIED FOR OR ANY RENEWAL OR EXTENSION THEREOF. THE UNDERSIGNED ALSO CONSENTS TO THE DISCLOSURE OF ANY INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT REPORTING AGENCY OR TO ANY PERSON WITH WHOM THE UNDERSIGNED HAS OR PROPOSES TO HAVE FINANCIAL RELATIONS.

**NON-SMOKING UNIT:**

THE UNDERSIGNED ACKNOWLEDGES THAT THE RENTAL UNIT BEING APPLIED FOR IS DESIGNATED AS A NON-SMOKING UNIT. THE TENANT(S) DECLARE THAT THEY ARE NON-SMOKERS AND FURTHER COVENANT THAT THEY WILL NOT SMOKE NEITHER IN THE UNIT NOR IN THE BUILDING. IN THE EVENT THEY ELECT TO SMOKE IN THE UNIT THEY WILL BE ASSESSED A REDECORATING AND CLEANING FEE IN THE AMOUNT OF SEVEN HUNDRED & FIFTY DOLLARS (\$750), DUE UPON VACATING THE UNIT.

WHAT MADE YOU CHOOSE THIS ACCOMODATION? NEWSPAPER  / REFERRAL  / SIGN  / KIJIJI  / OTHER  \_\_\_\_\_

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Tenant**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Tenant**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Tenant**

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**LANDLORD OR AGENT**

## APPLICANT'S PARTICULARS

MUST BE COMPLETED IN FULL - PLEASE PRINT CLEARLY

DETAIL	APPLICANT	APPLICANT	APPLICANT
<b>NAME HERE →→→</b>			
PRESENT ADDRESS			
CITY/ POSTAL CODE			
LENGTH OF RESIDENCE			
HOME PHONE #			
BUSINESS PHONE #			
LANDLORD'S NAME			
LANDLORD'S PHONE #			
PREVIOUS ADDRESS			
CITY & POSTAL CODE			
LENGTH OF RESIDENCE			
LANDLORD'S NAME			
LANDLORD'S PHONE #			
ANNUAL INCOME			
EMPLOYER'S NAME			
EMPLOYER'S PHONE #			
OCCUPATION			
LENGTH OF EMPLOYMENT			
PREVIOUS EMPLOYER			
EMPLOYER'S PHONE #			
OCCUPATION			
LENGTH OF EMPLOYMENT			
NAME OF BANK			
BRANCH			
ACCOUNT #			
TYPE OF ACCOUNT			
MAKE OF AUTO			
YEAR AND COLOUR			
LICENCE PLATE #			
DRIVER'S LICENCE #			
<b>REFERENCES:</b>			
1. NAME			
ADDRESS/PHONE			
2. NAME			
ADDRESS/PHONE			
3. NAME			
ADDRESS/PHONE			
<b>CONTACT:</b>			
NAME			
ADDRESS			
PHONE			
RELATIONSHIP			
<b>SCHOOL SUPPORTER OF</b>		<b>PUBLIC:</b>	<b>SEPARATE:</b>

THE ABOVE INFORMATION IS STRICTLY CONFIDENTIAL!

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT!

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE