



PRINCIPAL APPLICANT

UNIT # _____

Name _____ Birth Date _____

Present Address _____

How Long _____ Present Phone Number _____

Email Address _____

Present Landlord *(if applicable)* _____ Phone _____

Reason for Moving _____

Previous Address _____

How Long _____ Phone Number _____ SIN# _____

Employed by _____

How Long _____ Phone number _____

Occupation *(if applicable)* _____ Income/Month _____

SPOUSE OR CO-APPLICANT

Name _____ Birth Date _____

Present Address _____

How Long _____ Present Phone number _____

Employed by _____

How Long _____ Phone number _____

Occupation *(if applicable)* _____ Income/Month _____

VEHICLE

Make and Year of Vehicle _____ License _____

Financed with _____ Balance Owning _____

CREDIT REFERENCES

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

IN CASE OF EMERGENCY

Name _____ Phone _____

Address _____

Relationship _____

This is a **smoke-free** property and as such smoking (of any kind) is not allowed in rental units or common areas of the property. Small pets welcome with written consent (max 1 pet per suite)

INSURANCE: it is understood and agreed that the Tenant shall carry Tenant's insurance. Prior to move-in, a copy of the policy shall be provided to the Landlord from the date of occupancy with coverage of not less than \$1 million dollars of liability. The policy shall have a 30-day notice of cancellation clause naming the Landlord as the party to be notified. It is understood by the Tenant the Landlord shall not be responsible for any loss of Tenant property in or on the premises however caused or induced, or for any damage done to the furniture, goods or chattels of the Tenant however caused or induced. Proof of renewals of insurance must also be provided.

The Applicant agrees to enter into a Residential Tenancy Agreement when requested by the Landlord on the Landlord's forms and abide by the conditions of such Agreement. In good faith, I/we deposit the sum of \$ _____ as an Application Fee, which upon taking possession shall be credited by the Landlord as a Security Deposit. The said Application Fee is forfeited as liquidated damages if I/we fail to take possession of the premises as agreed. Any damage found in taking possession of the premises must be reported in writing to the Landlord within 7 days. I/We hereby authorize and consent to the Landlord contacting my/our credit references, landlord(s) or employer(s) and obtaining information concerning my/our credit, including, without limitation, consumer reports.

Dated this _____ day of _____, _____.

IN THE PRESENCE OF:

_____ **WITNESS** _____ **TENANT**

_____ **WITNESS** _____ **TENANT**

(note: this application will not be processed unless signed by the Applicant)

Accepted by the Landlord this _____ day of _____, 20 _____

Per:

PAYMENT INFORMATION

The term of occupancy to begin and end on a calendar month basis. ALL REGULAR RENTAL PAYMENTS ARE PAYABLE IN ADVANCE ON THE FIRST OF EACH MONTH.

PAID WITH APPLICATION

Pro-rated Rent \$ _____ First Month's Rent \$ _____

Application Fee \$ _____ **TOTAL RECEIVED \$ _____**