APPLICATION FOR TENANCY

A OFFER TO	THE LANDLORD OR LANDLOR RENT I/We, the undersigned (called					ANKS IN THIS	S SECTION.
Suite no	Building Address						(the residential property.)
	ent of \$ plus parking t includes only the utilities checked I					nthly cost of	\$
The control towards have the state of the control of	☐ Electricity ☐ Cablevision ☐					al 🗆 Othe	er 🗆
DATE OCCUPANCY DESIRED							
Landlord's Name		Landlord's Ad	idress	***************************************			Phone No.
The Applicant agrees that if this offer is ac opportunity to examine. The Applicant ack	ccepted, it becomes a binding Agreer	ment and the Applic	ant will subsequently sign	the Landlord's	Residential Tena	ncy Agreeme	nt that the Applicant has had an
will also include specific terms related to	the following:	ratoroodo una aqu	arianis are not anowed t	wildiout advanc	e written permiss	Sion of the La	indioid. The reliancy Agreement
If this offer is accepted and the Applicant f	fails to sign the Landlord's Residentia	al Tenancy Agreeme	nt, or to take possession o	of the rental uni	t, the Applicant w	ill be liable fo	or the payment of the equivalent
of up to one month's rent to the Landlord The Applicant herewith makes an Applica			curity deposit) that will be	e annlied to th	e firet month'e re	nt if this offa	or is accepted. If this offer is not
accepted, the application deposit will be re	eturned.						
If this offer is accepted, the Applicant will \$ will be paid to the Landlord	pay a Security Deposit of \$ d. The Landlord will hold the Deposit	to the tenancy	Landlord. If the Landlord ends.	permits the Ap	oplicant to have a	a pet, an add	litional Pet Damage Deposit of
This offer is subject to acceptance by the	Landlord and is open for acceptance	e until 5:00 pm		ccepted by tha	t time, this offer i	s void.	
D 51007 4001 1041 1710 001144 0V 11170			Date				
B. FIRST APPLICANT'S PRIMARY INFO				Date of Birth		Social Insurance	e Number *
Present Address	First Name	Middle Name	City	Month /	Day / Year Postal Code (Mandat	ory) Pri	mary Phone No.
Rent Own How Long?	Reason for Leaving				I		Current Rent
Previous Address				City			S Postal Code (Mandatory)
Rent Own How Long?	Reason for Leaving						Final Rent
Credit Card Name:	Cred	lit Card No. (NB: To be us	ed for credit report purposes only.	Do not provide ex	piration date.)		s
C. CO-APPLICANT'S PRIMARY INFORM	IATION (Complete the following only w	vhere different from ti	ne First Applicant's informati	ion) Date of Birth		Social Insuranc	e Number *
Last Name Present Address	First Name	Middle Name	City	Month /	Day / Year Postal Code (Mandate	ory) Prir	mary Phone No.
Rent Own How Long?	Reason for Leaving				<u> </u>		Current Rent
Previous Address				City			S Postal Code (Mandatory)
Rent Own How Long?	Reason for Leaving	*****					Final Rent
Credit Card Name:	Credi	it Card No. (NB: To be use	ed for credit report purposes only.	Do not provide ex	piration date.)		s
D. APPLICANT'S STATEMENTS I/We do not own any pets I/W	Ve own a pet or pets ☐ If own	ned, describe pet(s)					
I/We are non smokers \(\square\) I/We a NOTE: Landlords are not responsible	are smokers As co-applican for tenants' possessions. If accepte	nts we consent to a	joint credit report Yes	□ No □	eione and protoc	tina you ago	ingt lighilih
I/We presently insure our belongings	and for third party liability Yes	No 🗆	criants insurance coverin	ig your posses	sions and protec	ung you aga	inst nablity.
E. CONSENT The Applicant consents	to the Landlord obtaining credit,	, personal and em	ployment information o	n the Applica	nt from one or	more consu	mer reporting agencies and
from other sources of such information about	it the Applicant to the Landlord.	If this application	is accepted, the Appli	cant understa	ands that the al	any govern bove inform	ment ministry or agency, to nation will also be used and
disclosed for responding to emerge					rements.		
F. APPLICANT'S SIGNATURES NO I/W	TE: Do not sign this application unl le certify that all information prov	less Section A is co vided by me/us in	mplete and you have read this Application is true	d it. and correct.			
Applicant's Signature	Date Signed		Co-Applicant's Signatu			Date Signed	
	TE: Do not sign this form unless an a above Applicant(s) are accepted fo		icing		t(s).		
	200 0 0		Date of	f Occupancy			
Landford's Signature	Date Signed						1

First Applicant:				Co-Applicant:_							
Date of Application:											
H. FIRST APPLICANT'S SUPPLEMENTARY I											
Secondary Phone No.	Cell No.			Fax No.			Work Pho	ne No.			
Email Address:					Photo ID	Shown Yes		No C			
Present Landlord/Building Manager's Name			Address	-	<u> </u>				Phone	No.	
Previous Landlord/Building Manager's Name			Address		Phone No.						
Employer			Position	Monthly (Monthly Income						
Supervisor's Name											
			Supervisor's Phone No.	Havr long	Hov long employed						
Previous Employer			Position				Monthly i	Monthly Income			
Previous Supervisor's Name			Previous Supervisor's Phone No.	-			How long	employed			
Vehicle Make	Vehicle Make Model				***	Colour	<u>.i</u>			Licence Number	
2nd Vehicle Make						Colour				Llandar Mumbar	
						COOL				Licence Number	
Please give the name of a business or personal r Name	reference:		Address						Phone N	₹0.	
Please give the name of part of kin doctor or of	her nerson for emerge	nev ee	intact numneae								
Please give the name of next of kin, doctor or oth Name :	ner person for emerge	ncy cc	Address						Phone N	Va.	
Name			Address						Phone N	No.	
I. CO-APPLICANT'S SUPPLEMENTARY INFO Secondary Phone No.	ORMATION (Completed No.	te the	following only where	lifferent from First Ap Fax No.	plicant'	s Information)	Work Pho	na Na	-		
Email Address:					Photo ID S	Thousan Mon	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Email Paol 655.					LINOR ID 3	Shown Yes		No			
2											
Present Landlord/Building Manager's Name			Address		l				Phone N	ło.	
Present Landlord/Building Manager's Name Previous Landlord/Building Manager's Name			Address Address						Phone N		
							Monthly In				
Previous Landlord/Bulkling Manager's Name			Address				Monthly In	ncome			
Previous Landiord/Bulliding Manager's Name Employer Supervisor's Name			Address Position Supervisor's Phone No.				Monthly Ir	ncome employed			
Previous Landlord/Bulliding Manager's Name Employer Supervisor's Name Previous Employer			Address Position Supervisor's Phane No. Position				Monthly In	ncome employed			
Previous Landiord/Bulliding Manager's Name Employer Supervisor's Name			Address Position Supervisor's Phone No.				Monthly Ir	employed			
Previous Landlord/Bulliding Manager's Name Employer Supervisor's Name Previous Employer	Mo		Address Position Supervisor's Phane No. Position			Colour	Monthly in How long	employed			
Previous Landtord/Bulliding Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name			Address Position Supervisor's Phane No. Position				Monthly in How long	employed	Phone N	lo.	
Previous Landtond/Bulliding Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name	Mo	odel	Address Position Supervisor's Phane No. Position			Colour	Monthly in How long	employed	Phone N	Licence Number	
Previous Landkord/Bulliding Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make	Mo	odel odel	Address Position Supervisor's Phane No. Position			Colour	Monthly in How long	employed	Phone N	Licence Number	
Previous Landford/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal in Name	Mo reference:	odel	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Address ntact purposes;			Colour	Monthly in How long	employed	Phone N	Licence Number Licence Number	
Previous Landiord/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal name Please give the name of next of kin, doctor or oth Name	Mo reference:	odel	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No.			Colour	Monthly in How long	employed	Phone N	Licence Number Licence Number	
Previous Landford/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal in Name	Mo reference:	nodel	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Address ntact purposes;			Colour	Monthly in How long	employed	Phone N	Licence Number Licence Number 10.	
Previous Landford/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal in Name Please give the name of next of kin, doctor or oth Name	eference: ner person for emergen	odel odel	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Address ntact purposes: Address	unt the reatal unit		Colour	Monthly in How long	employed	Phone N Phone N	Licence Number Licence Number 10.	
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Previous Landford/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal in Name Please give the name of next of kin, doctor or oth Name	eference: ner person for emergen	odel odel odel odel odel odel odel odel	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Address ntact purposes: Address	upy this rental unit		Colour	Monthly in How long	employed	Phone N Phone N	Licence Number Licence Number 10.	
Previous Landford/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal in Name Please give the name of next of kin, doctor or oth Name Name J. OTHER ADULT OCCUPANTS — Full names Last Name First Name	eference: ter person for emergen of all other adult pe	nodel nodel	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Address Address Address Address S (age 19 or older) to occument of the same	Last Name		Colour	Monthly in How long	employed	Phone N Phone N	Licence Number Licence Number lo.	
Previous Landford/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal in Name Please give the name of next of kin, doctor or oth Name Name J. OTHER ADULT OCCUPANTS — Full names Last Name	eference: ter person for emergen of all other adult pe	nodel nodel nocy co	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Address Address Address Address S (age 19 or older) to occument of the same	Last Name	al unit	Colour Colour First Name	Monthly in How long	employed	Phone N Phone N	Licence Number Licence Number 10. 0. Middle Name	
Previous Landiord/Building Manager's Name Employer Supervisor's Name Previous Employer Previous Supervisor's Name Vehicle Make 2nd Vehicle Make Please give the name of a business or personal in Name Please give the name of next of kin, doctor or oth Name Name J. OTHER ADULT OCCUPANTS — Full names Last Name First Name	eference: ter person for emergen of all other adult pe	odel odel ersons	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Address Address Address Address S (age 19 or older) to occument of the same	Last Name	al unit	Colour Colour First Name	Monthly in How long	employed	Phone N Phone N	Licence Number Licence Number 10. 0. Middle Name	

NOTE TO LANDLORD: If pages one and two are separated, enter the Applicant's name(s) and date of application below

NOTES TO APPLICANT(S)

- 1. Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.
- 2. The information you provided on this page continues as part of your Application for Tenancy. Your signature on the first page confirms all information on both pages is true and correct.