

# Rental Application

| Applicant Information   |  |                         |           |
|---|--|-------------------------|-----------|
| Name:   |  |                         |           |
| Date of birth:  | SIN:   | Phone:                  |           |
| Current address:  |  |                         |           |
| City:   | Province:  | Postal Code:            |           |
| Own    Rent    (Please circle)  | Monthly payment or rent:                           |                         | How long? |
| Previous address:   |  |                         |           |
| City:   | Province:  | Postal Code:            |           |
| Owned   Rented   (Please circle)  | Monthly payment or rent:                           |                         | How long? |
| # of bedrooms: 1   2   3  | Have you ever been convicted of a crime? Yes    No | Do you smoke? Yes    No |           |
| Employment Information  |  |                         |           |
| Current employer:   |  |                         |           |
| Employer address:   |  |                         | How long? |
| Phone:  | E-mail:  | Fax:                    |           |
| City:   | Province:  | Postal Code:            |           |
| Position:   | Hourly   Salary   (Please circle)                  | Annual income:          |           |
| Emergency Contact   |  |                         |           |
| Name of a person not residing with you:   |  |                         |           |
| Address:  |  |                         |           |
| City:   | Province:  | Postal Code:            | Phone:    |
| Relationship:   |  |                         |           |
| Co-applicant Information, if Married  |  |                         |           |
| Name:   |  |                         |           |
| Date of birth:  | SIN:   | Phone:                  |           |
| Current address:  |  |                         |           |
| City:   | Province:  | Postal Code:            |           |
| Own    Rent    (Please circle)  | Monthly payment or rent:                           |                         | How long? |
| Previous address:   |  |                         |           |
| City:   | Province:  | Postal Code:            |           |
| Owned   Rented   (Please circle)  | Monthly payment or rent:                           |                         | How long? |
| Co-applicant Employment Information   |  |                         |           |
| Current employer:   |  |                         |           |
| Employer address:   |  |                         | How long? |
| Phone:  | E-mail:  | Fax:                    |           |
| City:   | Province:  | Postal Code:            |           |
| Position:   | Hourly   Salary   (Please circle)                  | Annual income:          |           |
| References  |  |                         |           |
| Name:   | Address:   |                         | Phone:    |
|   |  |                         |           |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |  |                         |           |
| Signature of applicant:   |  |                         | Date:     |
| Signature of co-applicant:  |  |                         | Date:     |