

## RESIDENTIAL TENANCY RENTAL APPLICATION

PROPERTY ADDRESS	UNIT CITY P	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 AD	MIN FEE DEPOSIT RECEIVED		
UPON SIGNING THIS APPLICATION, THE APPLICANT UNDERSTA APPLICANT SHALL NOT WITHDRAW OR CANCEL THIS APP CONSTITUTE A BINDING CONTRACT AND SHALL FORM PAR UNDERTAKES TO SIGN A FORMAL LEASE TO RENT THE ABOVE ACCEPTANCE.	ANDS AND IS AWARE THAT A BULICATION WITHOUT PENALT TOF THE LEASE. THE APPL	INDING OFFER TO LEASE IS CREATED AND THE Y. THIS OFFER UPON ACCEPTANCE SHALL LICANT, UPON ACCEPTANCE OF THIS OFFER,		
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 AUTOMOBI	ILES:			
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:			
WILL YOU REQUIRE A PARKING SPOT?: NUMBER OF AUTOMOBI	ILES:			
EMERGENCY CONTACT:	PHONE:	RELATIONSHIP:		
EMERGENCY CONTACT:	PHONE:	RELATIONSHIP:		



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NAME:	DOB (M/D/Y):	REI ATIONSHIP		
	DOB (M/D/Y):			
	DOB (M/D/Y):			
	PREFER TO RECEIVE SERVICE/INFORM		FRENCH	<u>-</u>
WINCH LANGUAGE DO TOU	TREFER TO RECEIVE SERVICE/INFORM	ATION IN. ENGLISH	FRENCH	
RENTER'S INSURANCE			<b>7</b> $\Box$	
	FIRE & COMPREHENSIVE PERSONAL LIAB	_	No	
YOU AGREE TO PROVIDE EVI	DENCE OF INSURANCE TO THE LANDLORI	O FOR THE FULL TERM OF YO	OUR RESIDENCY.	
APPLICANT # 1	APPLICANT # 2	<del></del>		
SPECIAL REQUEST:				
APPLICANT (S) AGREEMEN				
2. As a result of signin Granted that a land of this application b	S TO PAY FOR THE FOLLOWING MONTHLY G THIS APPLICATION, THE APPLICANT SIGNORD REFERENCE, EMPLOYMENT AND IN Y THE LANDLORD/OWNER OR ITS AGENT.	INIFIES HIS/HER UNDERSTAN COME VERIFICATION, AND A	NDING AND AWARENESS T A CREDIT REPORT WILL B	THAT PERMISSION HAS BEEN E OBTAINED IN THE PROCESSING
	IES THAT HE/SHE IS CURRENT IN RENTAL IES THAT HE/SHE HAS NEVER BEEN EVICT			
THE OWNER/LANDLOI	RD WILL NOT PROCESS AN INCO	MPLETE APPLICATIO	ON	
DEPOSIT IS PAID (IN ON BE REFUNDED LESS DIF	LICATION IS PROCESSED, THE OV TARIO). IN THE EVENT THIS APP RECT PROCESSING COSTS. THE LA VOF ANY ACCOMMODATIONS.	LICATION IS NOT ACC	EPTED BY THE LANI	DLORD THE DEPOSIT WILL
DATED AT	THE PROVINCE OF	, THIS	DAY OF	20
APPLICANT'S SIGNATURE	<del>_</del>	As Agent for Own (Elk Property Mai	ER/LANDLORD NAGEMENT LIMITED)	
APPLICANT'S SIGNATURE		DATE		
		- OFFICE USE ONLY		
Is Co-Signer required?	YES (NOTE: A CO-SIGNER APPLICA	ATION FORM MUST BE FILLE	D OUT) NO	
MANAGER'S APPROVAL: AC	CCEPTED: ACCEPTED W/ C	CO-SIGNER: ]	Denied:	
Manager's Signature:				
APPLICANT NOTIFIED: DATE	Notified (m/d/y)			
METHOD OF NOTIFICATION:	IN PERSON TELEPHONE EM.	AIL OTHER		
RECEIVED CONFIRMATION:	YES NO DATE OF CONFIRMA	ATION (M/D/Y)	·	Lease Prepared:
SPECIAL NOTES:				
ADDITION TAVENDY	DATE (M/D	u/v)•		