

<b>Applicant Information</b>			
Name:			
Date of birth:	SIN:	Phone:	
<b>Current address:</b>			
City:	Prov:	Postal Code:	
Landlord Name:			
Landlord Contact:			
Own      Rent      (Please circle)	Monthly payment or rent:		How long?
<b>Previous address:</b>			
Landlord Name:			
Landlord Contact:			
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?
<b>Employment Information</b>			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Prov:	Postal Code:	
Position:	Hourly      Salary      (Please circle)	Annual income:	
<b>Banking Information</b>			
Name of Bank:			
Branch:			
Acct No:			
<b>Vehicle Information</b>			
Driver's License number:			
Make, model, year of car:			
License plate number:			
<b>Emergency Contact</b>			
Name of a person not residing with you:			
Address:	Prov:	Postal Code:	Phone:
City:			
Relationship:			
<b>References</b>			
Name:	Address:		Phone:
<b>Co-applicant Information</b>			
Name:			
Date of birth:	SIN:	Phone:	
<b>Current address:</b>			
City:	Prov:	Postal Code:	
Landlord Name:			
Landlord Contact:			
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?
<b>Previous address:</b>			

City:		Prov:		Postal Code:	
Landlord Name:					
Landlord Contact:					
Owned   Rented   (Please circle)			Monthly payment or rent:		How long?
<b>Co-applicant Employment Information</b>					
Current employer:					How long?
Employer address:			E-mail:		Fax:
Phone:		Prov:		Postal Code:	
City:		Hourly   Salary   (Please circle)		Annual income:	
Position:					
<b>Banking Information</b>					
Name of Bank:					
Branch:					
Acct No:					
<b>Vehicle Information</b>					
Driver's License number:					
Make, model, year of car:					
License plate number:					
<b>Emergency Contact</b>					
Name of a person not residing with you:					
Address:		Prov:		Postal Code:	Phone:
City:					
Relationship:					
<b>References</b>					
Name:		Address:		Phone:	
I authorize a credit check and the verification of the employment information provided on this form. I have received a copy of this application.					
(Please circle)      Yes                      No					
Signature of applicant:					Date:
Signature of co-applicant:					Date:
<b>Smoking and Pets</b>					
<p>Applicant(s) understand(s) that, for fire safety and health reasons, <b>smoking of cigarettes or any combustible material is not allowed</b> in the building by Tenants or guests.</p> <p><b>Domestic or other animals shall not be kept</b> by Tenant(s) on or about the premises without the PRIOR WRITTEN CONSENT of the Landlord. If Landlord does, at her sole discretion, consent, Tenant(s) may keep and maintain the specified domestic animal upon the leased premises in accordance with the terms hereof, and any special agreements reached between Landlord and Tenant shall not be in contradiction of these terms. Tenant(s) shall be responsible for the animal, its behavior, and any damage done by said animal. The Landlord will have the right to withdraw consent and demand removal of any previously permitted animal upon the first complaint registered against such animal or upon evidence of injury or damage caused by animal. Any special pet agreement is an integral part of the lease.</p> <p>I acknowledge that I have read and understood the above:</p> <p>(Please circle)      Yes                      No</p>					
Signature of applicant:					Date:
Signature of co-applicant:					Date:

