



APPLICATION TO RENT

Each individual occupant who is responsible for rent payment MUST complete a separate application form.

LAST NAME		FIRST NAME		MIDDLE NAME	
DRIVER'S LICENSE NO	PROVINCE	PHONE NUMBER ()	EMAIL		
1. PRESENT HOME ADDRESS		CITY	PROVINCE	POSTAL CODE	
LENGTH OF TIME	STATE REASON FOR MOVING		LANDLORD NAME AND PHONE NUMBER		
2. PREVIOUS HOME ADDRESS		CITY	PROVINCE	POSTAL CODE	
LENGTH OF TIME	STATE REASON FOR MOVING		LANDLORD NAME AND PHONE NUMBER		
3. NEXT PREVIOUS HOME ADDRESS		CITY	PROVINCE	POSTAL CODE	
LENGTH OF TIME	STATE REASON FOR MOVING		LANDLORD NAME AND PHONE NUMBER		

DESCRIBE EACH AND EVERY PERSON(S) WHO WILL OCCUPY THE PREMISES	EMAIL ADDRESS

Present Occupation		Employer Name
How long with this employer	Phone Number ()	Employer Address
Name of your Supervisor		
Prior Occupation		Employer Name
How long with this employer	Phone Number ()	Employer Address
Name of your Supervisor		

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

PERSONAL REFERENCES (NOT FAMILY MEMBERS)	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
MOTORCYCLES (OTHER VEHICLES)	MODEL	YEAR	LICENSE NO.

Applicant represents that all the above statements are true and correct and hereby authorises landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

The undersigned makes application to rent housing accommodations designated as:

Address: _____

Requested Move-In Date: _____

Signature of Applicant: _____

Date: _____