

OFFICE USE ONLY
Date:/
Amount of Deposit Received: \$
Deposit Received by:
Address of Rental Unit:
Proposed Occupancy Date://

RENTAL APPLICATION FORM

INSTRUCTIONS:

- Complete this form, sign and date it, forward with your deposit.
- If you require more information or need assistance to complete this form, please give us a call.
- To ensure a faster process of your rental application you should include the following: current pay stubs, letters of employment and proof of additional voluntary information which may affect application/credit check.
- Tennant insurance is required for liability and on personal contents against fire, theft, water damage risk, etc. A copy is required to be submitted before occupation takes place.
- Please note; where utility costs are NOT included in the rent, a refundable deposit of \$250 is required to be applied to water billing.

NOTE: THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT.

SECTION A: PROPERTY RENTERS PERSONAL/RESIDENCE/EMPLOYMENT INFORMATION						
APPLICANT #1	APPLICANT #2					
Full Name and Middle Initial	Full Name and Middle Initial					
Date of Birth (DD/MM/YY)	Date of Birth (DD/MM/YY)					
Current Address:	Current Address:					
Phone #	Phone #					
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Name of other people occupying unit(children or other dependants)	Age Relationship					
Do you Have Pets? What	Type How Many					

SECTION A: PROPERTY RENTERS PERSONAL/RESIDENCE/EMPLOYMENT INFORMATION (CONTINUED)							
Applicant #1				Applicant #2			
Email Address			Email Address				
Name of Current Lan	Name of Current Landlord		Name of Current La	Name of Current Landlord			
Current Landlord's Phone #		Current Landlord's F	Current Landlord's Phone #				
Monthly Rent Amount		Monthly Rent Amou	Monthly Rent Amount				
Length of Stay	Reason for	Leaving	Length of Stay	Length of Stay Reason for Leaving			
Previous Address		Previous Address	Previous Address				
Name of Previous Lar	ndlord	Phone #	Name of Previous La	ındlord	Phone #		
Name of Current Employer		Name of Current Em	Name of Current Employer				
Current supervisors N	lame	Phone #	Current Supervisors	Name	Phone #		
Occupation		Annual Salary \$	Occupation		Annual Salary \$		
Vehicle		Drivers Licence	Vehicle		Drivers Licence		
Licence Plate #		Color	Licence Plate #		Color		
Emergency Contact		Phone #	Emergency Contact		Phone #		
Rental application for Unit # Located at							
		_					
Witness			Applicant				