APPLICATION TO RENT LANDLORD'S INFORMATION SHEET

PLEASE PRINT YOUR INFORMATION

	Date
Address of premises to be rented 90 WARREN ROAD	APT:
RENT PER MONTH:	PARKING;:
TOTAL RENT::	
Attached Photo I.D.:.	
Occupancy Date FOR ONE YEAR	
Applicant's Legal Name	
Applicant address:	
Tel No:	Cell No:
Social Insurance Number	Date of Birth :
Driver's License Number	Province/ Issued
Passport Number	Country
Email address:	
Make and Model of Automobile(s)	Year Plate #
Applicant's Present Landlord:	
Daytime Phone	Fax
Cell PhoneE	E-mail
Applicant's previous Landlord: Name & Tel No:	_
Legal names of adults to occupy residence (include applican	t's name):
Applicant	_
Spouse	
Number of children under age 18	<u> </u>
Ages of children	
Total number of occupants	<u> </u>

The Applicant must have insurance coverage in a sufficient amount, for liability and on his / her personal contents against fire, theft and water damage risk.

I understand that:		
[X] Smoking is not permitted	[] Smoking is permitted	
[X] Waterbeds are not permitted	[X] Washers, dryers, dish-washers not permitted	
[X] Hot tubs are not permitted	(X) Tread mills & exercise equipment not permitted	
[] Pets are permitted subject to acceptance of the Landlord's Pet Agreement and Pet Rules		
Pets to occupy residenceCats :	Bird:	
In case of emergency please notify:		
Name	Relationship	
Address:	Postal Code:	
Daytime Phone #	Evening Phone #	
Cell Phone #		
Alternate emergency contact:		
Name	Relationship	
Address:	Postal Code:	
Daytime Phone #	Evening Phone #	
Cell Phone #		
Applicant is employed by	Occupation	
Applicant's Office Phone #		
Spouse's Full Name		
Employed by	Occupation	
Office Phone #		
Credit References: (bank, credit cards, etc.),		
Signature of Tenant:	Date	
Signature of Tenant:	Date	
Witness	Date	

The applicant declares all above statements to be true and accurate. This information is confidential and will not be released to anyone without the consent of the applicant.