

Rental Application

Applicant Information								
Date of birth:		SIN:		Phone:				
Current address:								
City:			Province:		Postal Cod	Postal Code:		
(Please circle)	Monthly	payment o	ent or rent:			How long?		
Previous address:								
	Province	Province:			Postal Code:			
(Please circle)	Monthly	Monthly payment or rent:			•	How long?		
Employment Information								
Current employer:								
Employer address:						How long?		
Phone: E-		-mail:		Fax:				
	Province:				Postal Cod	Postal Code:		
	Hourly Salary (Please circle)		(Please circle)	An	nual income:			
Contact								
Name of a person not residing with you:								
Address:								
	Postal Co	ode:	de:		e:	Phone:		
Relationship:								
Co-applicant Information, if Married								
Name:								
Date of birth:		SIN:		Phone:				
Current address:								
City:		Province:		Postal Code:				
(Please circle)	Monthly	Monthly payment or rent:		•	How long?			
Previous address:								
City:		Province:			Postal Code:			
Owned Rented (Please circle)		Monthly payment or rent:			•	How long?		
t Employment	Inform	ation						
Current employer:								
Employer address:						How long?		
Phone: E-mail:			Fax:			-		
	Province:				Postal Code:			
	Hourly Salary (Please circle)			An	Annual income:			
	(Please circle) it Information r: s: Contact n not residing with you (Please circle) it Information, (Please circle) it Employment r:	(Please circle) Monthly province: d (Please circle) Monthly province: d (Please circle) Monthly province: hourly Contact n not residing with you: Postal Contact n t Information, if Marriant Information, if Monthly province: (Please circle) Monthly province: (Please circle) Monthly province: Employment Information:	SIN: Province:	SIN:	SIN:	SIN: Phone: Postal Code Province: Province: Postal Code Province: Postal Code Province: Postal Code Province: Postal Code		

References					
Name:	Address:	Phone:			
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.					
Signature of applicant:	Date:				
Signature of co-applicant:		Date:			