**RENTAL APPLICATION**

**(Highlighted MUST be filled out)**

**Tenant Insurance will also be MANDATORY BEFORE Keys will be given to unit.**

**Initial: \_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Monthly Rent Payment: |  |
| Bedrooms: |  |

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Day Time Phone: |  |
| Date of Birth: |  | Alternative #: |  |
| Email Address: |  | Cell Phone# |  |
|  Proof of ID: |  |

**CO-APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Day Time Phone: |  |
| Date of Birth: |  | Alternative #: |  |
| Email Address: |  | Cell Phone#: |  |
| Proof of ID: |  |

|  |  |
| --- | --- |
| Age of Dependants: |  |
| List all Pets: |  |

**RESIDENTIAL HISTORY FOR LAST TWO YEARS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Address: |  | APT#: |  | City: |  |
| Province: |  | Postal Code: |  |
| Move in Date: |  | Reason for Leaving: |  |
| Rent$: |  | Owner/Manager: |  | Phone: |  |
| Can we contact owner/manager: |  | If no, why?: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous Address: |  | APT#: |  | City: |  |
| Province: |  | Postal Code: |  |
| Move in Date: |  | Reason for Leaving: |  |
| Rent$: |  | Owner/Manager: |  | Phone: |  |
| Can we contact owner/manager: |  | If no, why?: |  |

**EMPLOYMENT INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Your Status: Full time: |  | Part Time: |  | Student: |  | Unemployed: |  |
| Employer: |  |
| Date Employed: |  | Position: |  |
| Salary: |  |
| If employed by above for less than 12 months, please give name & phone of previous employer or school. |
|  |
|  |

**CO-APPLICANT EMPLOYMENT INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Your Status: Full time: |  | Part Time: |  | Student: |  | Unemployed: |  |
| Employer: |  |
| Date Employed: |  | Position: |  |
| Salary: |  |
| If employed by above for less than 12 months, please give name & phone of previous employer or school. |
|  |
|  |

**EMERGENCY CONTACT:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |
| Phone#: |  | Cell Number: |  | Relationship: |  |

ADDITIONAL INFORMATION

|  |
| --- |
| Please give any additional information that might help management evaluate this application: |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please Sign: |  | Date: |  |
|  | Applicant |  |  |
| Please Sign: |  | Date: |  |
|  | Co-Applicant |  |  |