



RENTAL APPLICATION

905-581-1944

MYRENTALUNIT.MGT@GMAIL.COM

FAX: 519-304-5086

INSTRUCTIONS

Please complete all sections on all 3 pages. Please PRINT all information. Mark "N/A" in blanks that do not apply.

APARTMENT SIZE REQUIRED: Bachelor 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom						
Building Address:		Unit #:	Rental Rate: \$	Parking Additional Charge: \$ 0.00	# Indoor	# Outdoor
Electricity: <u>T</u> Gas: <u>T</u> Water: <u>T</u> (Indicates payment responsibility, [T]enant or [L]andlord)		Lease Term: 1 Year	Includes Parking: <u>Y/N</u>	Smoking Permitted: NO	Locker Additional Charge: \$ N/A	Date Unit Required
PERSONAL INFORMATION						
APPLICANT'S Full Name:				H. Phone #: _____		
First Initial Surname				W. Phone #: _____		
SIN				Date of Birth		Emergency Contact:
CO-APPLICANT'S Full Name:				H. Phone #: _____		
First Initial Surname				W. Phone #: _____		
SIN				Date of Birth		Emergency Contact:
OTHER RESIDENTS (TO BE USED FOR EMERGENCY PURPOSES ONLY)			RELATIONSHIP		DATE OF BIRTH)	
1.						
2.						
3.						
RESIDENTIAL & PERSONAL HISTORY						
Present Address:				How long there:		Rent amount
Landlord		phone #		Reason leaving:		
Previous Address:				How long there:		Rent amount
Landlord		phone #		Reason leaving:		
Previous Address:				How long there:		Rent amount
Landlord		phone #		Reason leaving:		
Have you ever been evicted?		What pets do you have?		Have you been convicted of a crime? _____		
_____		_____		Have you ever broken a lease? _____		
				How long will you live here? _____		
INCOME INFORMATION						
APPLICANT'S Income Information						
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other						
Employer or income source			<input type="checkbox"/> Current <input type="checkbox"/> Previous		Length of time at this income source:	
Employers or income source Address						
Supervisor / Caseworker			Phone #		Net income per month \$ _____	
CO-APPLICANT'S Income Information						
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other						
Employer or income source			<input type="checkbox"/> Current <input type="checkbox"/> Previous		Length of time at this income source:	
Employers or income source Address						
Supervisor / Caseworker			Phone #		Net income per month \$ _____	

(CONTINUED ON OTHER SIDE)



PROTECTED ONCE COMPLETED.

REFERENCES

Personal Reference:	Address:
Phone #	Relationship to Applicant:
Personal Reference:	Address:
Phone #	Relationship to Applicant:
Personal Reference:	Address:
Phone:	Relationship to Applicant:

LOANS

INSTITUTION	ADDRESS	MONTHLY PMT.	BALANCE
1.			
2.			
3.			

AUTOMOBILES

MAKE / MODEL	YEAR / COLOR	LICENSE PLATE NUMBER	PROVINCE
1.			
2.			

OTHER INFORMATION

In Case of Emergency Contact:	Phone #
Address	Relationship

NOTE: This document does not constitute a tenancy agreement. Upon approval of this application by the landlord, a binding agreement shall be created between the parties who shall immediately enter into a tenancy agreement on these same terms on the landlord's form. Upon execution, the accompanying deposit, if there is one, shall become the rent deposit to be applied towards the last month's rent, otherwise the rent deposit shall be forfeited. However, if this application is not accepted by the landlord, any deposit shall be returned forthwith less a non-refundable application administration fee of \$ **Not Applicable**

If a lease is executed, the tenant(s) shall be required to pay the rent for the first month of the tenancy prior to the commencement date of the tenancy. Failure to pay the first month's rent as agreed will amount to a fundamental breach of this agreement, and the tenancy agreement will be null and void and the funds held on deposit will be forfeited as compensation for administration costs incurred and any damages arising out of the failure to meet this condition. The tenant's right to occupy the rental unit does not commence until such time as all required payments have been made.

In for any reason, the landlord is unable to give possession of the rental premises on the commencement date of the lease term, the landlord shall not be subject to any liability to the applicants and shall give possession to them as soon as the landlord is able to do so with the rent abated until such time, and this will not affect the validity of the tenancy agreement, the obligations of the parties, nor shall it be construed as extending the term of the agreement.

A deposit in the amount of \$ _____ was paid on the _____ day of _____, _____. Said deposit was paid to the landlord by: Cash Cheque Money Order Email Money transfer (EMT).

This deposit will be applied as follows:

Last Month's Rent: \$ _____ Security Deposit: \$ **N/A** First Month's Rent: \$ _____

Balance to follow: \$ _____ payable as _____ on or before _____
(CASH / CHEQUE / MONEY ORDER / EMT) (DATE OF TENANCY)

If the applicant does not provide a Social Insurance Number, the application will not be considered unless the applicant provides another form of government identification such as a driver's license to verify the applicant's identity. I hereby certify that the above information is true and complete and that I have not withheld any information relevant to this application. It is also understood that the property management and/or owner reserve the right to reject this application at their sole discretion subject to the full return of any rent deposit paid less a non-refundable application administration fee of \$ **N/A** I have read and understand these conditions.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature _____ **Date:** _____

ACKNOWLEDGEMENTS, PRIVACY & CONSENT INFORMATION

The undersigned acknowledges and agrees that this application for tenancy in no way constitutes a tenancy agreement between the Landlord and the applicant to rent any rental premises, and I/we understand that any tenancy agreement or lease will be entered into only upon the acceptance of this application by the Landlord, and is subject to the provisions and conditions described therein.

The undersigned acknowledges and agrees that I/we have been afforded the opportunity to examine the Landlord’s privacy policy, and understand that refusal to provide certain information may result in our tenancy being refused if the Landlord cannot determine credit or tenant worthiness.

The undersigned agrees that upon the Landlord’s acceptance of this application, a binding tenancy agreement shall be created between the parties, and the undersigned shall enter into a written tenancy agreement on the Landlord’s usual form prior to possession of the premises, and the deposit shall be applied as set out above, and the undersigned shall take possession of the rental unit upon the terms set out herein.

This consent information is required in order that the landlord may comply with the federal Personal Information Protection and Electronic Document Act. The Landlord agrees to keep the supporting information in this application confidential except as described herein.

I/we hereby give permission to the Landlord or their Agent(s) to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information, to contact my employers and references, and to take any other reasonable steps necessary to assess this Rental Application, or for any renewal or extension of my/our tenancy.

I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and any information arising from any tenancy between us to any third party for the purposes of providing a consumer/credit report or contributing information to a database of tenant information made available to landlords or their agents.

I/we also provide my/our consent to the Landlord or their Agent(s) to disclose any information contained herein and any information in the tenancy agreement to present or future mortgagees, potential purchasers, utility providers, accountants, government agencies, financial institutions, insurance providers, telecommunications providers, financial institutions, lenders and prospective lenders.

This consent is given under the provisions of the *Personal Information Protection and Electronic Document Act*. This consent is valid until revoked in writing. A tenant or prospective tenant may, at any time, request from the landlord’s Privacy Officer our complete Privacy Policy, and may request that said officer provide information about the data collected and retained with respect to the tenant or prospective tenant, and may also obtain a Privacy Complaint Form for the purpose of resolving disputes with respect to the use of said information.

_____ **Applicant Signature** _____ **Date** _____ **Co-Applicant Signature** _____ **Date**

FOR OFFICE USE ONLY

REFERENCE VERIFICATION	APPLICATION	DEPOSITS	
Present Address: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date	Amount
Previous Address: _____	Date: _____ Initials: _____	_____	_____
Employment: _____	Final Building & Apt. #: _____	_____	_____
Co-Resident: _____	Date of Occupancy: _____	_____	_____
Personal References: _____			
(2) _____			
(3) _____			

CONSENT TO A BACKGROUND SCREENING



IDENTIFICATION

LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
MIDDLE NAME(S):	<input type="text"/>	OTHER NAME(S): (MAIDEN NAME, AKA)	<input type="text"/>
DATE OF BIRTH: (YYYY-MM-DD)	<input type="text"/>	PLACE OF BIRTH:	<input type="text"/>
TELEPHONE:	<input type="text"/>	EMAIL ADDRESS:	<input type="text"/>
SIN (Optional):	<input type="text"/>	GENDER:	<input type="checkbox"/> F <input type="checkbox"/> M

ADDRESS HISTORY *Please provide all former addresses of the past 5 years. Use additional pages if required.*

CURRENT:	<input type="text"/>						
	APT	NUMBER	STREET	CITY	PROV./STATE	POSTAL CODE/ZIP	COUNTRY
PREVIOUS (1):	<input type="text"/>						
	APT	NUMBER	STREET	CITY	PROV./STATE	POSTAL CODE/ZIP	COUNTRY
PREVIOUS (2):	<input type="text"/>						
	APT	NUMBER	STREET	CITY	PROV./STATE	POSTAL CODE/ZIP	COUNTRY

CONSENT TO DISCLOSURE

I hereby give authorization to Mintz Global Screening ("Mintz") and/or Acces Credit, acting on behalf of Canada Landlord Association, to obtain the following information:

- I hereby consent to a consumer credit history inquiry with an ID verification and Social Insurance validation; which will include information about me, including any previous bankruptcies, civil legal proceedings, collection actions, negative banking items and other information reported by my creditors, and I hereby authorize any public or private institution to provide and release to Mintz information related to my credit record.

RELEASE AND DISCHARGE

Purpose of Consent: Background Screening for the Company

I understand that the information obtained as a result of this authorization will be held in the strictest of confidentiality by Mintz and Canada Landlord Association and will be maintained in accordance with their respective Privacy Policies. The information obtained will only be used in accordance with and to satisfy the scope for which this authorization has been signed. I release, waive and forever discharge anyone who provides information in relation to this release, from any and all liability for the disclosure of information to Mintz or the Company. I certify that the information set out by me in this authorization is correct. Before signing this authorization, I have fully informed myself of its content and meaning and have a full understanding of it.

SIGNATURE:

DATE:

WITNESS *Please see Identification page for instructions.*

Witness statement – I have viewed the enclosed identification and I certify and have verified the identity of the Applicant by comparing the signature on the government-issued identification to the signature on this consent form.

SIGNATURE OF WITNESS: _____ NAME IN PRINT LETTERS: _____

ADDRESS OF WITNESS: _____
APT NUMBER STREET CITY PROV./STATE POSTAL CODE/ZIP COUNTRY

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MIDDLE NAME(S):	<input type="text"/>	OTHER NAME(S): (MAIDEN NAME, AKA)	<input type="text"/>
DATE OF BIRTH: (YYYY-MM-DD)	<input type="text"/>	PLACE OF BIRTH:	<input type="text"/>
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