

Rental Application Form

Application Address	
Starting Date (YYYYMMDD)	
Lease Term	
Month Rent Payment	

Applicant 1:

Name	
Birthday	
Occupation	
Credit Score	
Drivers License No.	
SIN No. (Optional)	

Applicant 2:

Name	
Birthday	
Occupation	
Credit Score	
Drivers License No.	
SIN No. (Optional)	

Other Occupants

Name	
Age	
Relation	

Name	
Age	
Relation	

Name	
Age	
Relation	

Pets (please check):

 No

 Yes , please describe _____

Two Previous Residences:

Address	
Period	
Landlord	
Contact number	

Address	
Period	
Landlord	
Contact number	

Employment Information:

	Applicant 1	Applicant 2
Employer		
Business Address		
Business Telephone		
Position		
Name of supervisor		
Employment Length		
Monthly Salary Range	\$	\$

Reason to move:

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Financial Obligations (e.g., Debt, Mortgage, Loans):

Payment To	Amount
	\$
	\$
	\$

Personal References

	1	2
Name		
Address		
Phone number		
Occupation		

Vehicles

	Make	Model	Year	Licenses No
1				
2				
3				

Please Read and Sign

The Applicant consents to the collection, use and disclosure of the Applicant's personal information by the Landlord and/or agent of the Landlord, from time to time, for the purpose of determining the creditworthiness of the Applicant for the leasing, selling or financing of the premises or the real property, or making such other use of the personal information as the Landlord and/or agent of the Landlord deems appropriate.

The Applicant represents that all statements made above are true and correct. The Applicant is hereby notified that a consumer report containing credit and/or personal information may be referred to in connection with this rental. The Applicant authorizes the verification of the information contained in this application and information obtained from personal references. This application is not a Rental or Lease Agreement. In the event that this application is not accepted, any deposit submitted by the Applicant shall be returned.

Name: _____

Signature: _____

Phone Number: _____

Email Address: _____