

## APPLICATION FOR TENANCY

**Applicant's Primary Information:** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ How Long at Present Address \_\_\_\_\_ Current Rent \_\_\_\_\_

Previous Address \_\_\_\_\_

How Long \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Rent Was \_\_\_\_\_

**Co-Applicant's Information:** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ How Long at Present Address \_\_\_\_\_ Current Rent \_\_\_\_\_

Previous Address \_\_\_\_\_

How Long \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Rent Was \_\_\_\_\_

**Applicant's Statements:** I/We do not own any pets \_\_\_\_\_ I/We own a pet or pets \_\_\_\_\_ If owned describe pet(s) \_\_\_\_\_

I/We are non smokers \_\_\_\_\_ I/We are smokers \_\_\_\_\_ Note: Landlord's are not responsible for tenant's possessions. If accepted you must carry tenant's insurance covering your possessions and protecting you against Liability. I/We presently insure our belongings and coverage for third party liability: Yes \_\_\_\_\_ No \_\_\_\_\_

Consent: The Applicant consents to the Landlord obtaining credit, personal and employment information on the Applicant from one or more consumer reporting agencies and from other sources of such information. The Applicant authorizes the reporting agencies and any other person, including personnel from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord. If this application is accepted, the Applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Co Applicant Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### First Applicant's Supplementary Information:

Secondary Phone Number \_\_\_\_\_ Cell No. \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Present Landlord/Building Manager's Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Previous Landlord/Building Manager's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Length Employed \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Length Employed \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ License Plate \_\_\_\_\_

Second Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ License Plate \_\_\_\_\_

Business or Personal Reference Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Next of Kin, Doctor, or person for emergency contact Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

**APPLICATION FOR TENANCY**

**Co Applicant's Supplementary Information:**

Secondary Phone Number \_\_\_\_\_ Cell No. \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Present Landlord/Building Manager's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Previous Landlord/Building Manager's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Length Employed \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Length Employed \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ License Plate \_\_\_\_\_  
Second Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ License Plate \_\_\_\_\_

Business or Personal Reference Name: \_\_\_\_\_ Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

Next of Kin, Doctor, or person for emergency contact Name: \_\_\_\_\_ Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Name: \_\_\_\_\_ Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

Other Adult Occupants: Names: \_\_\_\_\_ Names: \_\_\_\_\_  
Names: \_\_\_\_\_ Names: \_\_\_\_\_

Other Minor Occupants: Names: \_\_\_\_\_ Names: \_\_\_\_\_  
Names: \_\_\_\_\_ Names: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_

The information you provided on both pages continues as part of your application for tenancy. Your signature on the 1<sup>st</sup> page confirms all information on both pages is true and correct.