## **Rental Application**

Applica		mation									
Name:											
Date of Bi	irth:			SIN: Phone				e:			
Current Address:											
City:					Province: Pos				Postal C	ode:	
Own	Rent	(Please circle) Monthly			payment or rent:				•	How long?	
Previous /	Address:										
City:				Province: P					Postal C	Postal Code:	
Own	Rent	(Please circle)	Мо	nthly p	payment or re	ent:				How long?	
Employment Information											
Current employer:											
Employer address: How long?									How long?		
Phone: Em				nail: Fax:					Fax:		
City:				Province:					Postal Code		
Position:	osition: Hot				rly Salary (Please circle) A				Annual Income:		
Emergency Contact											
Name of a person not residing with you:											
Address:											
City:	City: Provinc				nce: Postal Code:					Phone:	
Relations	hip:						•				
Co-applicant Information, if Married											
Name:											
Date of Bi	irth:			SIN:				Phon	e:		
Current Address:											
City:								Postal C	ode:		
Own	Rent	(Please circle)	Мо	nthly p	payment or re	ent:				How long?	
Previous /	Address:		I								
City:					Province:				Postal C	ode:	
Own	Rent	(Please circle)	Мо	nthly p	payment or re	ent:			•	How long?	
Co-applicant Information Employment Information											
Current employer:											
Employer										How long?	
Phone:			Ema	ail:					Fax:		
City:					Province:				Postal C	ode	
Position:			ŀ	Hourly		(Please circ	le)	A	nnual Inco		
Referer	nces			,	,		,				
Name:			Addres	s:						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											
Signature of Co-applicant:										Date:	