

APPLICATION TO RENT



423 Bronson Ave. Ottawa, Ontario, K1R 6J5 Phone: (613) 521-2000 Fax: (613) 232-5696

PART I. APARTMENT UNIT INFORMATION

1. Unit Applied To Rent: _____ No. of Bedrooms: _____
2. Address: _____
3. Current Monthly Rent \$: _____
4. Monthly Additional Parking Charge: _____ Location: _____
5. Tenancy (Lease) Term: _____
6. Commencing on the 1st day of _____ 2012

PART II. APPLICANT'S PERSONAL INFORMATION

1. Applicant's Name: _____
2. D/L #: _____ Fax Number : _____
3. Date of Birth: _____ Marital Status: _____
4. Present Address: _____, City: _____, Postal Code: _____
Phone () _____ e-mail address: _____
5. Please checkmark your preferred method of communication: Email _____ Phone _____
6. How long at this address? _____ Present Rent \$: _____
7. Reason for Leaving: _____
8. Present Landlord: _____
9. Phone # (Res.): _____ Phone # (Bus.): _____
10. Previous Address: _____
11. How long at this address?: _____ Previous Rent \$: _____
12. Reason for leaving: _____
13. Previous Landlord: _____
14. Phone # (Res.): _____ Phone # (Bus.): _____
15. Have you ever been evicted For Any Reason? _____
16. Circumstances: _____

PART III. CREDIT INFORMATION

1. **Current Employer:** _____ . Immediate Supervisor: _____
- Address: _____ . Phone No: _____
 - Position: _____ . How long? _____. Annual Salary \$: _____
2. **Past Employer:** _____ . Immediate Supervisor: _____
- Address: _____ . Phone No: _____
 - Position: _____ . How long?: _____. Annual Salary \$: _____
3. **Name of Bank or Trust Company:** _____
- Address: _____ : Phone No: _____
4. **Personal Reference (*not a relative*)**
- Name: _____ . Phone No: _____
 - Address: _____ . Occupation: _____

PART IV. PARKING INFORMATION

Make and Model of car: _____ . Year: _____ : Plate No: _____

PART V. OTHER

I (the Applicant) will pay a deposit of \$ _____ applicable to the last month's rent. Deposits are not refundable unless the Applicant is not accepted as a tenant by the Management Office.

It is understood and agreed that this Application is subject to approval by the Management Office, that it will be retained by the Management Office, and that no reason will be given for non-acceptance of the Applicant's application. All cheques are to be made payable to Sleepwell Management.

The Applicant agrees to contact the Management Office within 48 hours (excluding weekends and holidays) of the date of this Application.

I agree that the Apartment Unit is in good order and will not demand any repairs except those necessary in accordance with the bylaws of the affected municipality, and regulations of the Residential Tenancies Act.

I hereby certify the information that I have provided in this Application is true and accurate.

THE APPLICANT/GURANTORS GRANT THEIR CONSENT FOR A CONSUMER REPORT, A CREDIT INVESTIGATION, AND AN INVESTIGATION/VERIFICATION OF THE PERSONAL INFORMATION PROVIDED IN THIS RENTAL APPLICATION BY THE LANDLORD OR ITS AGENT.

Date: _____

Signature of Applicant: _____