

# RENTAL APPLICATION

## Applicant Information

Name:	DOB: mm/dd/yy	SIN:	Phone:
Email:			
Address:	City:	Province:	Postal Code:

## Employment Information

Employer:	How Long:	Annual Income:
Address:	City:	Province: Postal Code
Contact:	Phone:	Position:

## Rental History

1 - Address:	How Long:	Rent:
Landlord:	Phone:	

## Emergency Contact

Name of person not residing with you:	Phone:
Address:	City: Province: Postal Code:

## Co-Applicant Information

Name:	DOB: mm/dd/yy	SIN:	Phone:
Email:			
Address:	City:	Province:	Postal Code:

## Co-Applicant Employment Information

Employer:	How Long:	Annual Income:
Address:	City:	Province: Postal Code
Contact:	Phone:	Position:

## Co-Applicant Rental History

1 - Address:	How Long:	Rent:
Landlord:	Phone:	

## Co-Applicant Emergency Contact

Name of person not residing with you:	Phone:
Address:	City: Province: Postal Code:

## References

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

## Pets – All pets must be disclosed on this application and acceptance is solely at the discretion of the Landlord

Type	Breed	Age	Weight	Name
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## Vehicles – If parking is required, please list information below

Vehicle 1	Make	Model	Year	Plate	Colour
Vehicle 2	Make	Model	Year	Plate	Colour

## Cable and Internet Provider

Current provider
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## Unit and Lease Terms

Unit Requested:	Length:	Start Date (mm/dd/yy):
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I authorize the verification of the information provided on this form as to my credit and employment. I further authorize Clyde St. Developments Ltd. To verify and contribute to any reporting agency any information given herein, and to obtain any further information as required from any other agencies either before, during or after tenancy.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

For office use only (Not to be filled out by applicant)			
Unit applying for:	Unit Price	Starting on:	Term: