

APPLICATION FOR LEASE/OPTION **Each Adult**

ONLY CLEAN & RESPONSIBLE PEOPLE WHO PAY THEIR BILLS ON TIME MAY, NEED APPLY.
 Valid Picture ID is required. Must complete all information. The decision to sell to you will depend in great part on your credit references.
 OFFICE PHONE (647) 258-5456 FAX APPLICATION (24 HOURS) TO (888) 494-6859

Applicant *Please List your Addresses for the Previous 5 years*

First Name:		MI:	Last Name:		Jr./Sr.?
SIN:	Date of Birth:	Phone:		Is this your phone?	
Drivers License #:		Province:	Email:		
Cell Phone:	Pager:	Alternate Phone:		Whose Phone?	
Current Address:			City, Province, Postal:		
Owner/Landlord's Name:		Phone:	Monthly Rent \$:		
From (Date):	To (Date):	Why are you moving?			
Previous Address:			City, Province, Postal:		
Owner/Landlord's Name:		Phone:	Monthly Rent \$:		
From (Date):	To (Date):	Why are you moving?			

Co-Applicant *Please List your Addresses for the Previous 5 years*

First Name:		MI:	Last Name:		Jr./Sr.?
SIN:	Date of Birth:	Phone:		Is this your phone?	
Drivers License #:		Province:	Email:		
Cell Phone:	Pager:	Alternate Phone:		Whose Phone?	
Current Address:			City, Province, Postal:		
Owner/Landlord's Name:		Phone:	Monthly Rent \$:		
From (Date):	To (Date):	Why are you moving?			
Previous Address:			City, Province, Postal:		
Owner/Landlord's Name:		Phone:	Monthly Rent \$:		
From (Date):	To (Date):	Why are you moving?			

Please Provide Banking Information

Bank You Deal With:	City, Province, Postal:	How Much 'Down Payment' Is Currently Available? \$
RRSP's, GIC's Stocks:	Monthly Loans \$:	Monthly Rent \$:
Other Assets:	Monthly Credit Cards \$:	Other Monthly \$:

Please Provide Your Employment Information

Your Status: Full Time Part Time Student Unemployed

Current Employer:		Address:	Phone:
From (Date):	To (Date):	Position:	Hours worked per week:
Gross Monthly Income before deductions: \$	What other income:	Source:	
Previous Employer:		Address:	Phone:
From (Date):	To (Date):	Position:	Hours worked per week:
Gross Monthly Income before deductions: \$	What other income:	Source:	

If you have other sources of income that you would like us to consider, please list income, source, and Contact Information

Amount \$	Source/Contact Name:
Amount \$	Source/Contact Name:

Are You on Government Assistance? Yes No If Yes, please explain:

Please Describe Your Credit History					
Have you or your spouse/roommate(s) declared bankruptcy in past 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you or your spouse/roommate(s) had two or more late rental payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	explain:	
Have you or your spouse/roommate(s) ever willfully refused to pay due rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you or your spouse/roommate(s) ever had a foreclosure/repossession?	Yes <input type="checkbox"/> No <input type="checkbox"/>	explain:	
Have you or your spouse/roommate(s) ever been convicted of a Felony or Misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	explain:			
How many Evictions have been filed on you?	Your Lawyers Name:				
Is the total move-in amount available now? Yes <input type="checkbox"/> No <input type="checkbox"/>	What may interrupt your income or ability to pay rent?				
If accepted the following persons (including children) will be living in the dwelling					
1) _____	Date of Birth: _____	2) _____	Date of Birth: _____	3) _____	Date of Birth: _____
4) _____	Date of Birth: _____	5) _____	Date of Birth: _____	6) _____	Date of Birth: _____
What kind of animals do you have? * NOTE: No pets allowed any time without prior Management permission NO EXCEPTIONS!					
Type: _____	Weight (lbs): _____	Type: _____	Weight (lbs): _____		
How long will you live here: 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 3 yr+ <input type="checkbox"/>					
Please List Your References					
Personal References: List three persons, other than your spouse and relatives, that we may contact to verify your character:					
Name: _____	Relationship: _____	Phone: _____	Address: _____	City, Province: _____	
1) _____					
2) _____					
3) _____					
Vehicle Information: List all motor vehicles, including recreational vehicles, to be kept at the property					
Make: _____	Model: _____	Color: _____	Year: _____	License Plate #: _____	Province: _____ Monthly Payment \$: _____
1) _____					
2) _____					
Do You want Rent with Option to Buy <input type="checkbox"/> , or Straight Rent <input type="checkbox"/> Is Initial Down Payment and 1 st & lasts month Available? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please add any additional information that might help owner/management evaluate this application:					

This agreement made this date by and between the Landlord/Seller, their associates, manager for the Owner, hereinafter "Landlord" and the below signed, hereafter "Applicant". Applicant authorizes the Landlord, his employees, agents, or representatives to make any and all inquiries necessary to verify the information provided herein, including but not limited to direct contact with Applicant's employer, landlords, credit, neighbors, police, government agencies and any and all other sources of information which the Landlord may deem necessary and appropriate within his sole discretion. The Applicant represents to the Landlord that the application has been completed in full and all the information provided for herein is true, accurate and complete to the best of the Applicant's knowledge and further, agrees that if any such information is not as represented, or if the application is incomplete the Applicant may, at the Landlord's sole discretion, be disqualified. The Applicant provides the information contained on this form. Landlord is not liable to the Applicant, his heirs, executors, administrators, or assigns for any damages of any kind, actual or consequential by reason of the verification by the Landlord of the information provided by the Applicant, and Applicant hereby releases the Landlord, his agent, employees and representatives from any and all actions, causes of action of any kind or nature that may arise by virtue of the execution or implementation of the agreement provided herein. Animal deposit(s) are in addition to security deposit. Applicant, once approved, must obtain renter's insurance and Landlord will attempt to contact the Applicant by the phone numbers listed on this application. Applicant, once approved, and by signing below, agrees that in the event of non payment of rent, or any arrears of any moneys owed, or if Applicant has damaged the property in any way, agrees to allow Landlord to place a security agreement under the PPSA (Personal Properties Securities Act), to secure these moneys owing, plus 50% extra fee of the amount owed/damaged, plus any administrative or legal fees, until paid. Applicant has 24 hours from time of approval to fulfill rental agreement by producing all monies required and signing all rental agreement papers. If Applicant fails to perform within 24 hours of Landlord's approval, Applicant may be disqualified and Landlord may rent this home to the next qualified Applicant.

A PHOTOCOPY OF MY (OUR) DRIVER'S LICENSE(S) OR PICTURE IDENTIFICATION CARD(S), SOCIAL INSURANCE CARD(S), LATEST PAY CHECK STUB(S)/PROOF OF INCOME, (OR LAST YEARS INCOME TAX RETURN(S) ARE ATTACHED.

The Applicant authorizes release of all information to Landlord, and their associates, and allows them to do credit checking.

Applicant

Date

Applicant

Date