

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL INSURANCE NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO.		PROVINCE		HOME PHONE NUMBER	
1. PRESENT HOME ADDRESS				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NUMBER	
2. PREVIOUS HOME ADDRESS				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NUMBER	
3. NEXT PREVIOUS HOME ADDRESS				CITY		PROVINCE	
						POSTAL CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NUMBER	

DESCRIBE EACH AND EVERY PERSON(S) WHO WILL OCCUPY THE PREMISES	

<b>Present Occupation</b>		Employer Name
How long with this employer	Phone Number	Employer Address
Name of your Supervisor		
<b>Prior Occupation</b>		Employer Name
How long with this employer	Phone Number	Employer Address
Name of your Supervisor		

Current Gross Income \$ \_\_\_\_\_ PER  Week  Month  Year

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
MOTORCYCLES (OTHER VEHICLES)	MODEL	YEAR	LICENSE NO.

**Applicant represents that all the above statements are true and correct and hereby authorises landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.**

**The landlord requires 12 post-dated cheques in the amount of the monthly rent plus the security deposit prior to signing of the lease.**

**The undersigned makes application to rent housing accommodations designated as:**

Building located at \_\_\_\_\_ Apt. No. \_\_\_\_\_ Apt. Size \_\_\_\_\_ City/Prov. \_\_\_\_\_

the rental unit for which is \$ \_\_\_\_\_ per month in advance. Possession date: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant