

Please print clearly

APARTMENT SIZE REQUIRED: <input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom Barrier Free Apt. Req'd <input type="checkbox"/> Yes <input type="checkbox"/> No					
Building Address 240 PORTLAND STREET		Unit #	Rental Rate	Date Required:	
PERSONAL INFORMATION					
PRIMARY APPLICANT'S Full Name:				Cell Phone #	
First	Initial	Surname		Work Phone #	
SIN	Date of Birth (M/D/Y)	Email:			
Accessibility Issues? (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Accessibility Issue <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other _____		Gender Identification / Parental Status <input type="checkbox"/> Male <input type="checkbox"/> Female Single Parent of Minor Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No		
CO-APPLICANT'S Full Name:				Cell Phone #	
First	Initial	Surname		Work Phone #	
SIN	Date of Birth (M/D/Y)	Email;			
Accessibility Issues? (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Accessibility Issue <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other _____		Gender Identification / Parental Status <input type="checkbox"/> Male <input type="checkbox"/> Female Single Parent of Minor Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER RESIDENTS (INCLUDE CHILDREN)	RELATIONSHIP & AGE		SCHOOL OR EMPLOYED (Check all that apply)		
1.			<input type="checkbox"/> School <input type="checkbox"/> Employed (Note Income) \$ _____		
2.			<input type="checkbox"/> School <input type="checkbox"/> Employed (Note Income) \$ _____		
3.			<input type="checkbox"/> School <input type="checkbox"/> Employed (Note Income) \$ _____		
4.			<input type="checkbox"/> School <input type="checkbox"/> Employed (Note Income) \$ _____		
PET INFORMATION – NO PETS PERMITTED WITHOUT AUTHORIZATION FROM LANDLORD					
Pets (cats only permitted – limited of 2 cats per apartment) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name(s) of Pets: _____ Neutered and Spayed <input type="checkbox"/> Yes <input type="checkbox"/> No					
RESIDENTIAL HISTORY					
Present Address: (Primary Applicant)		Civic Address	City & Province	How long there:	Rent amount
Landlord Name:	Phone #	Reason leaving:			
Present Address: (Co-Applicant)		Civic Address	City & Province	How long there:	Rent amount
Landlord Name:	Phone #	Reason leaving:			
INCOME/EMPLOYMENT INFORMATION					
APPLICANT'S Income/Employment Information			THIS SECTION MUST BE COMPLETED		
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____					
Employer			<input type="checkbox"/> Current <input type="checkbox"/> Previous Length of Employment _____		
Occupation / Sector			Employment Annual Income Amount \$ _____		
Supervisor/Caseworker (include phone number)			<input type="checkbox"/> Retirement Annual Income Retirement Income Annum: \$ _____ <input type="checkbox"/> Investments Value of Investments \$ _____ <input type="checkbox"/> Other Annual Income Value of Other Income: \$ _____ <input type="checkbox"/> Landowner Value of Land: \$ _____		
CO-APPLICANT'S Income/Employment Information			THIS SECTION MUST BE COMPLETED		
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____					
Employer			<input type="checkbox"/> Current <input type="checkbox"/> Previous Length of Employment _____		
Occupation / Sector			Employment Annual Income Amount \$ _____		
Supervisor/Caseworker (include phone number)			<input type="checkbox"/> Retirement Annual Income Retirement Income Annum: \$ _____ <input type="checkbox"/> Investments Value of Investments \$ _____ <input type="checkbox"/> Other Annual Income Value of Other Income: \$ _____ <input type="checkbox"/> Landowner Value of Land: \$ _____		

REFERENCES

Personal Reference (Primary Applicant)	Relationship:	Phone #
Personal Reference (Co-Applicant)	Relationship:	Phone #

AUTOMOBILES

MAKE / MODEL	YEAR / COLOR	LICENSE PLATE NUMBER	PROVINCE
1.			
2.			

OTHER INFORMATION

In Case of Emergency Contact (Primary Applicant)	Phone #
Address	Relationship
In Case of Emergency Contact (Co-Applicant):	Phone #
Address	Relationship

NOTE: Upon execution of the lease and occupancy of the premises by the tenant, the deposit shall become the Security Deposit.

Do you know of any judgments against you? If yes, please explain:

Yes _____

No _____

Have you ever declared bankruptcy? If yes, please explain:

Yes _____

No _____

I/we hereby certify that the above information is true and complete and that I/we have not withheld any information relevant to this application. If accepted, I/we undertake to execute a yearly lease in the approved standard form of the province. If, after being notified of acceptance, I/we cancel this agreement to occupy, the security deposit is forfeited as liquidated damages and not as a penalty. It is the responsibility of the tenant to insure his/her unit and its contents.

I have read and understood these conditions.

Primary Applicant Signature Date _____
Co-Applicant Signature Date

PLEASE ATTACH YOUR COMPLETED CONSENT FORM TO THIS APPLICATION.

**THE LANDLORD (OR ITS AGENT) RESERVES THE RIGHT TO
REJECT THIS APPLICATION AT ITS OWN DISCRETION.**

FOR OFFICE USE ONLY

REFERENCE VERIFICATION	APPLICATION	DEPOSITS
___ Present Address ___ Employment ___ Personal References	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Manager: _____ Date: _____	Date _____ Amount Rec'd _____

CONSENT FORM

Building Address 240 PORTLAND STREET	Unit #	Rental \$ Rate	Date Req'd
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I / we hereby give permission to the Landlord or their Agent(s) to obtain a consumer / credit report about me / us, to contact previous landlords to obtain information about my / our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary in order to

- Assess this Rental Application
- Assess any renewal or extension of my / our tenancy
- Pursue any future outstanding debt

I / we also provide my / our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and information arising from any tenancy between us to any third party for the purposes of providing a consumer / credit report or contributing information to a database of tenant information made available to landlords or their agents.

I / we hereby agree that any service of documentation may be delivered / served to and accepted on my / our behalf by my next of kin or any persons residing in my / our residence.

I / we also hereby agree that upon approval of my / our rental application by the Landlord, a color copy of my / our photo identification must be submitted to the Landlord as proof of identification and will be attached to my / our lease agreement.

Primary Applicant's Name (please print)

Applicant's Signature

Date

Witness

Co-Applicant's Name (please print)

Co-Applicant's Signature

Date

Witness

To be completed by Superintendent

**REAL ESTATE 360 PROPERTY ADVISORY LIMITED
APPLICANT INFORMATION VERIFICATION / CHECKLIST**

Superintendents are to research and verify all background information provided. Once completed, this form is to be signed, attached to the application and forwarded to our main office, along with all required tenant documents noted below. This form is to be completed for every applicant applying for the apartment. Applications will not be processed without this form and documents received.

Building: 240 PORTLAND STREET Apt. #: _____

Applicant

Applicant's Name: _____

Current Address & Tenancy Verified: Yes No

Representative of Landlord Spoken to: _____

Has Tenant paid rent on time? Yes No

Has Proper Notice to Vacate been Given? Yes No

Have There Been Any Tenancy Issues: Yes No

If yes, provide details: _____

Employment Verified: Yes No Name of Employer Spoken to: _____

Copy of Photo ID Obtained: Yes No

Copy of Current Employment Confirmation and/or PayStub Obtained: Yes No

Copy of Most Recent Income Tax Summary Received: Yes No

Co-Applicant / Occupant

Applicant's Name: _____

Current Address & Tenancy Verified: Yes No

Representative of Landlord Spoken to: _____

Has Tenant paid rent on time? Yes No

Has Proper Notice to Vacate been Given? Yes No

Have There Been Any Tenancy Issues: Yes No

If yes, provide details: _____

Employment Verified: Yes No Name of Employer Spoken to: _____

Copy of Photo ID Obtained: Yes No

Copy of Current Employment Confirmation and/or PayStub Obtained: Yes No

Copy of Most Recent Income Tax Summary Received: Yes No

I hereby acknowledge that I have verified the above applicant's information as outlined above.

Superintendent's Name

Date

**** Please include any additional pertinent notices on reverse.**