

## RENTAL APPLICATION

*This rental application is a fillable form and can be completed online, printed and signed in ink.*

Unit Address:

Rental Amount:

Occupancy Date:

Applicant's Surname:  Given Name:  Initial:

Birthdate:  Marital Status:  S.I.N. #:

Home Phone:  Work Phone:  Ext:

Cell:  Email Address:

Current Home Address:  City:

Province/State:  Postal Code:  Years At:

Monthly Payment:  Current Landlord:

Current Landlord Phone:

Present Employer:  Employer Address:

Occupation:  Gross Annual Salary:  Years At:

Supervisor:  Phone:  Email:

Previous Employer:  Years At:

Supervisor:  Phone:  Email:

Bank:  Bank Address:

Savings Account #:  Chequing Account #:

Credit Card (1):  Account #:

Credit Card (2):  Account #:

Drivers Licence #:  Vehicle Licence #:

Make of Vehicle:  Model:

Number of Parking Spaces Required:

Do You Have Pets?:  If So, How Many?:

What Is Your Reason For Moving?:

Name Of All Occupants	Relationship	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Person To Notify In The Event Of An Emergency:

Home Phone:  Cell:  Relationship:

Address:

**In connection with my application for tenancy, I/We hereby consent that Strata Management Inc. conduct and/or cause to be conducted, a credit investigation including confirmation of employment, income and present tenancy terms.**

***A deposit of one month's rent is required when submitting this application in the form of a certified cheque or money order or e-transfer. Should your application be accepted, the deposit will be applied towards the last month's rent. Should your application be accepted and you, for any reason, withdraw from renting this unit, you forfeit your deposit.***

**Note: Please print your rental application and then sign in ink.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_