

83 Toronto Street Barrie, ON L4N 1V1 Phone 1 888 574-5093 Fax 1 888 574-5095

## **RENTAL APPLICATION FORM**

OFFICE USE ONLY
Date:
Amount of Deposit Received:
Deposit Received by:
Address of Rental Unit:
Proposed Occupancy Date:
Rent Amount:

## INSTRUCTIONS:

- . Complete this form, sign and date it, and forward with your deposit
- If you require more information or need assistance to complete this form, please give us a call
- To ensure a faster process of your rental application you should include the following: current pay stubs, letters of employment, and proof of additional voluntary information which may affect application/credit check.
- Tenant Insurance is required for liability and on personal contents against fire, theft, water damage risk, etc. A copy is required to be submitted before
  occupancy takes place.
- Please note; where utility costs are not included in the rent, a refundable deposit of \$250.00 is required to be applied to water billing.

NOTE: This application does not constitute an agreement.

	'S PERSONAL/RESIENCE/EMI		PPLICANT #2
	<u>CANT #1</u> Phone N	<del>_</del>	Phone No.
Full Name and Middle Initial	Phone N	o. Full Name and Wilddle Initial	Phone No.
Date of Birth (DDMMYY)	Social Insurance N	lo. Date of Birth (DDMMYY)	Social Insurance No.
Current Street Address,	City, Postal Co	ode Current Street Address,	City, Postal Code
Name of Other Persons to Occupy	Unit (children or other dependa	ants) Age	Relationship
Name of Other Persons to Occupy	Unit (children or other dependa	ints) Age	Relationship
Do you have pets?	What type?	How m	nany?
Email Address		Email Address	
Name of Current Landlord	Phone No.	Name of Current Landlord	Phone No.
	Length of Stay	Monthly Rent Amount	Length of Stay
Wonthly Rent Amount			
Monthly Rent Amount Reason(s) for Moving		Reason(s) for Moving	
Reason(s) for Moving	,	Reason(s) for Moving  Previous Address, City, Postal	Code
,	Phone No.		Code Phone No.

APPLICANT #1		APPLICANT #2	
	ss Income (Monthly)		ss Income (Monthly)
	•	Position Locate Found and the property of the Control of the Contr	
Contact Person	Phone No.	Contact Person	Phone No.
4			
Occupation	How Long There?	Occupation	How Long There?
D :	C	Previous Employer (if less than 2 years than above)	) Gross Income
Previous Employer (if less than 2 years than above)	) Gross Income	Previous Employer (ii less than 2 years than above)	) Gross income
1			
Contact Person	Phone No.	Contact Person	Phone No.
Contact Ferson	r none wo.	Contact Cison	
Income from Other Sources (gov't etc.)		Income from Other Sources (gov't etc.)	
Total Gross Income (A	nnually/Monthly)	Total Gross Income (A	nnually/Monthly)
SECTION B: DRIVER'S LICENSE/VEHICLE INFOR	RMATION		
Driver's License No.		Driver's License No.	
Make/Model of Vehicle		Make/Model of Vehicle	
CECTION C. DEDCOMAL DEFEDENCES			
SECTION C: PERSONAL REFERENCES	Phone No.	Name of Reference	Phone No.
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