



Rental Application

Applicant Information			
Name:			
Date of birth:	Social Insurance #	Contact#:	
Current address:		How Long?	
City:	Province	Postal Code	
Previous address:	City	Province:	How long?
Landlord's Name		Contact #	
Reason for Leaving?			
Dependents:	Ages:		
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Province	Postal Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	Province:	Postal Code:	Phone:
Relationship:			
Co-applicant Information			
Name:			
Date of birth:	Social Ins. #	Contact #	
Current address:		How Long ?	
City:	Province	Postal Code:	
Previous address:			
Landlord's Name		Contact #	
Reason for Leaving	:		
Dependents:	Ages:		
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	Province	Postal Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
References			
Name:	Address:		Phone:
I authorize the verification of the above information on this form as to my credit and employment:			
Signature:	Date:	Signature:	Date: