## **Rental Application**

Applicant Information							
Name:							
Date of birth:			SIN:		Phone:		
Current address:							
City:			Province:		Postal Code:		
Own Rent (Please circle) Monthly p			bayment or rent:		How long?		
Previous address:							
City:		Province:			Postal Code:		
Owned Rented (Please circle) Monthly p			payment or rent:		How long?		
Employment Information							
Current employer:							
Employer address	5:			How long?			
Phone: E			mail:		Fax:		
City: Province				Postal Code:			
Position:		Hourly	Salary (Please circle)	Anr	nual income		
Emergency Contact							
Name of a person not residing with you:							
Address:							
City: Province:			Postal Code:		Code:	Phone:	
Relationship:							
Co-applicant Information							
Name:							
Date of birth:			SIN: Pho		Phone:	Phone:	
Current address:							
City:			Province:		Postal Code:		
Own Rent	Rent (Please circle) Monthly payment or rent:				How long?		
Previous address:							
City:			Province: P		Postal Coo	Postal Code:	
Owned Rented (Please circle)		Monthly payment or rent:			How long?		
Co-applicant Employment Information							
Current employer:							
Employer address:					-	How long?	
Phone: E-			mail: F		Fax:		
City:		Province:			Postal Code:		
Position:		Hourly	lourly Salary (Please circle) Annua			ual income:	
References							
Name:			Address:			Phone:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.							
Signature of applicant:						Date:	
Signature of co-applicant:						Date:	