

**CREEKVIEW ESTATES
472393 ONTARIO LTD.
APPLICATION FOR RESIDENCY**

Please assist us by checking the applicable answer below. I heard about this apartment complex through:

() Kijiji () A Friend () Building Signs () Other _____

AGENT HELPING YOU TODAY _____ Phone number _____

To be completed by Site Office Only:

Address Applied For: _____ Date needed: _____

Lease Term: _____

BASIC MONTHLY RENT: \$ _____

EXTRA PARKING IF APPLICABLE: \$ _____

LESS: RENTAL DISCOUNT: \$ _____

TOTAL MONTHLY RENT: \$ _____

SPECIAL OFFERED: _____

UNIT PET POLICY: ALLOWED BUT MUST BE APPROVED BY AGENT FOR LANDLORD

SECURITY DEPOSIT REQUIRED: \$ _____ DATE PAID: _____

RECEIPT NUMBER FOR SECURITY DEPOSIT PAID: _____

To be Completed by Applicant: (All personal information is optional; however, may affect our ability to approve your application)

PLEASE PRINT (THE FOLLOWING INFORMATION IS STRICTLY CONFIDENTIAL)

NAME OF APPLICANT: _____

BIRTH DATE (YYYY/MM/DD): _____ SIN: _____

PHONE NUMBER (HOME) _____ (CELL): _____

EMAIL ADDRESS: _____

LIST OF OTHERS WHO WILL ALSO RESIDE AT RESIDENCE WITH APPLICANT:

NOTE: All persons over the age of 18 are required to fill out their own application.

NAME: _____ BIRTH DATE: _____ RELATIONSHIP: _____

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APPLICANT'S PRESENT ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PRESENT LANDLORD: _____ PHONE NUMBER: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____ MONTHLY RENTAL AMOUNT: _____

ON A LEASE: YES _____ NO _____ IF YES, TERM OF LEASE: _____

(If you have lived at your present address less than two (2) years please complete the following)

APPLICANTS PREVIOUS ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PREVIOUS LANDLORD: _____ PHONE NUMBER: _____

LENGTH OF TIME YOU LIVED AT THIS ADDRESS: _____

EMPLOYMENT

NAME OF PRESENT EMPLOYER: _____

ADDRESS OF EMPLOYER: _____ PHONE: _____

OCCUPATION (type of work): _____ Full time () Part time ()

LENGTH OF TIME EMPLOYED: _____ GROSS MONTHLY INCOME: \$ _____

ADDITIONAL INCOME \$ _____ SOURCE _____

VEHICLES

MAKE/MODEL OF CAR (1): _____

LICENSE #: _____ COLOUR: _____ YEAR: _____

MAKE/MODEL OF CAR (2): _____

LICENSE #: _____ COLOUR: _____ YEAR: _____

HAVE YOU EVER FILED BANKRUPTCY? YES ___ NO ___

HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? YES ___ NO ___

DID YOU LEAVE ANY PREVIOUS ACCOMMODATIONS OWING MONIES? YES ___ NO ___

ARE YOU CURRENTLY BEING TREATED FOR A PEST ISSUE? YES ___ NO ___

HAVE YOU BEEN TREATED FOR A PEST ISSUE IN THE PAST 6 MONTHS? YES ___ NO ___

HAVE YOU BEEN TREATED FOR A PEST ISSUE IN THE PAST YEAR? YES ___ NO ___

IF YES TO ANY OF THE ABOVE, WHAT PEST ISSUE WERE YOU TREATED FOR?

IN CASE OF EMERGENCY, PLEASE NOTIFY: (Another Person not residing with you, but still in Ontario)

NAME: _____ ADDRESS: _____

RESIDENCE PHONE NUMBER: _____ WORK PHONE: _____

RELATIONSHIP TO APPLICANT: _____

____ (Please Initial) I/We hereby declare that all information provided is true and complete. I authorize Laurence Management Group Inc. to obtain personal information to perform a credit history check through a Canadian Credit Bureau, along with a personal investigation from the information provided. Application to lease these premises is subject to the approval and acceptance of Laurence Management Group Inc. If the applicant withdraws this application, more than 24 hours after approval or fails to execute the lease upon request of the lessor, any deposit received will be retained by the lessor as liquidated damages, The Tenancy Agreement must be signed upon approval of the application, prior to occupancy, at the site office. The lessee agrees to comply with the rules and regulations set out in the Tenancy Agreement and any amendments.

Employment Verification on Company Letterhead (If this is a New Job Offer) or (one month of current paystubs) and security deposit are required to process this application.

APPLICANT'S SIGNATURE: _____

DATE: _____

***TENANT INSURANCE IS MANDATORY TO PROTECT YOURSELF AND YOUR BELONGINGS. 472393 ONTARIO LTD /CREEKVIEW ESTATES.WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGES. PROOF OF INSURANCE POLICY REQUIRED TO MOVE IN**

*** NO AQUARIUMS/WATER BEDS ARE ALLOWED UNLESS PROOF OF ADDITIONAL INSURANCE IS PROVIDED AND IS SATISFACTORY TO 472393 ONTARIO LTD /CREEKVIEW ESTATES.**

***PROOF OF ENBRIDGE / SYNERGY NORTH / ENERCARE ACCOUNTS REQUIRED TO MOVE IN.**

*** SATELITE DISHES ARE NOT PERMITTED.**

***SMOKING MARIJUANA, GROWING OR POSSESSION OF PLANTS, PRODUCING OR DISTRIBUTING OF ANY MARIJUANA PRODUCT IN THE BUILDING OR ON THE PROPERTY IS STRICTLY PROHIBITED.**

Office Use Only:

We hereby accept the above Application.

Dated this _____ day of _____ A.D. 20 _____

Per: Landlord or his Agent