

**LAURENCE MANAGEMENT GROUP INC.  
CORNWALL APARTMENTS  
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: \_\_\_\_\_

BUILDING PET POLICY: NO PETS ALLOWED

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 \_\_\_\_\_  
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**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 \_\_\_\_\_  
\*\*\*\*\*

**IN CASE OF EMERGENCY, PLEASE NOTIFY: (Another Person not residing with you, in Saskatchewan)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RESIDENCE PHONE NUMBER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

\_\_\_\_ 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 (or three months of paystubs) and security deposit are required to process this application.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*TENANT INSURANCE IS MANDATORY TO PROTECT YOURSELF AND YOUR BELONGINGS. LAURENCE MANAGEMENT GROUP WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGES.**

**\* NO AQUARIUMS/PORTABLE WASHING MACHINES OR PORTABLE DISHWASHERS ARE ALLOWED UNLESS PROOF OF ADDITIONAL INSURANCE IS PROVIDED AND IS SATISFACTORY TO LAURENCE MANAGEMENT GROUP INC.**

**\*PROOF OF SASKPOWER ACCOUNT 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*