

CREEKVIEW ESTATES

RENTAL APPLICATION FORM

C/O LAURENCE MANAGEMENT GROUP INC.

PLEASE RETURN COMPLETED APPLICATIONS FOR SUBMISSION AND APPROVAL TO:

EMAIL: CREEKVIEWTBAY@SHAW.CA PHONE: (807) 767-9338 FAX: (807) 345-1139
OFFICE: 350 COUNTY BLVD (SIDE DOOR MAILBOX)

PLEASE MAKE ANY CHEQUES PAYABLE TO: 472393 ONTARIO LTD.

THE UNDERSIGNED HEREBY MAKES APPLICATION TO RENT THE BELOW UNIT:

PLEASE PRINT CLEARLY

DESIRED RENTAL ADDRESS: _____ MOVE IN: _____

LEASE TERM: 1 YEAR MONTHLY RENT \$ _____ + \$100.00 WATER DEPOSIT RECEIVED: \$ _____

NAME APPLICANT: _____ DATE OF BIRTH: _____
FIRST MIDDLE LAST DATE OF BIRTH

SIN# _____ DL # _____ PHONE: _____ (CELL) _____

NAME CO-APPLICANT: _____ DATE OF BIRTH: _____
FIRST MIDDLE LAST DATE OF BIRTH

SIN# _____ DL # _____ PHONE: _____ (CELL) _____

OTHER PROPOSED OCCUPANTS (LIST ALL)

NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

APPLICANT ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

RENT/MORTGAGE \$ _____ HOW LONG? _____ DID YOU GIVE NOTICE? _____

REASON FOR LEAVING? _____

LANDLORD(S) NAME: _____ PHONE# _____

CO-APPLICANT ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

RENT/MORTGAGE \$ _____ HOW LONG? _____ DID YOU GIVE NOTICE? _____

REASON FOR LEAVING? _____

LANDLORD(S) NAME: _____ PHONE# _____

CURRENT EMPLOYER - APPLICANT:

CURRENT EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ EMPLOYER'S PHONE# _____ HOW LONG? _____

SUPERVISOR NAME: _____ PHONE# _____ MONTHLY SALARY\$ _____

CURRENT EMPLOYER - CO-APPLICANT:

CURRENT EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ EMPLOYER'S PHONE# _____ HOW LONG? _____

SUPERVISOR NAME: _____ PHONE# _____ MONTHLY SALARY\$ _____

PERSONAL REFERENCES (DOCTOR, LAWYER OR NEAREST RELATIVE LIVING ELSEWHERE)

NAME _____ RELATIONSHIP _____ TEL _____
NAME _____ RELATIONSHIP _____ TEL _____
NAME _____ RELATIONSHIP _____ TEL _____

TENANTS MUST PAY FOR UTILITIES: GAS Y HYDRO Y WATER Y INTERNET Y
SATELLITE Y PHONE Y A/C N/A EXTRA PARKING N/A WASHER/DRYER N/A

GENERAL INFORMATION

HOW MANY PETS DO YOU HAVE? (LIST BREED, WEIGHT, AGE & SPAYED/NEUTERED) _____

HAVE YOU EVER RENTED FROM OUR AGENCY BEFORE? IF SO, WHEN? _____

HAVE YOU EVER FILED FOR BANKRUPTCY? IF SO, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

HAVE YOU EVER BEEN SERVED A LATE RENT NOTICE? _____

HAVE YOU EVER BEEN SERVED AN EVICTION NOTICE? IF SO, WHEN? _____

HAVE YOU HAD ANY REOCCURRING PROBLEMS WITH YOU CURRENT APARTMENT OR LANDLORD? IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE AN E MAIL ADDRESS ? _____

I/WE HEREBY CERTIFY THE INFORMATION PROVIDED ABOVE TO BE TRUE. I/WE AGREE THAT UPON ACCEPTANCE OF THE RENTAL APPLICATION BY THE LANDLORD, I/WE SHALL FORTHWITH ENTER INTO A TENANCY AGREEMENT INCORPORATING THE ABOVE TERMS WHICH I/WE HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW, IN WHICH EVENT THE DEPOSIT SHALL BE DEEMED TO BE A RENT DEPOSIT AND APPLIED TOWARDS THE LAST MONTH RENT DEPOSIT. SHOULD I/WE FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE DEPOSIT SHALL BE NON-REFUNDABLE. THE APPLICANT HEREBY GIVES PERMISSION BY SIGNING THIS APPLICATION TO VERIFY THE ABOVE FOR CORRECTNESS, AND GIVES PERMISSION TO THE LANDLORD APPLICABLE TO CONDUCT A CONSUMER REPORT CONTAINING CREDIT AND OR PERSONAL INFORMATION, ALSO TO GATHER PERSONAL INFORMATION FROM A THIRD PARTY AND OR FROM YOUR EMPLOYER ECT..

FOR OFFICE USE ONLY
DEPOSIT RECEIVED \$ _____ DATE _____ BY _____
CURRENT RESIDENCE: SPOKE TO: _____ RENT: \$ _____ LATE? _____ 60-DAYS NOTICE? _____
ANY PROBLEMS? _____ RENT AGAIN? _____ REMARKS: _____
PREVIOUS RESIDENCE SPOKE TO: _____ RENT: \$ _____ LATE? _____ 60-DAYS NOTICE? _____
ANY PROBLEMS? _____ RENT AGAIN? _____ REMARKS: _____
CURRENT EMPLOYER - APPLICANT: SPOKE TO: _____ HOW LCNG_POSITION _____
CURRENT EMPLOYER - CO-APPLICANT: SPOKE TO: _____ HOW LCNG_POSITION _____
PERSONAL REFERENCES: SPOKE TO: _____ SPOKE TO: _____ SPOKE TO: _____
REMARKS _____ SCORE _____

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____

SMOKING OF MARIJUANA
IS PROHIBITED ON THE
PROPERTY