



2677 Kennedy Rd. Suite 26-1B  
Scarborough, Ontario M1T 3H8  
Phone: (416) 299-4822 Fax: (416) 299-8499

## Residential Renting Application Form

Full Name: \_\_\_\_\_

Current Address: Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home #: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_ Ext #: \_\_\_\_\_

Mobile #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Number of Years at Current Address: \_\_\_\_\_

Previous Address (if less than five years): Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Vehicle Information: License Plate Number: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Bank Address: Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Bank Address: Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Credit Card: Provider (ie: Visa, MasterCard...): \_\_\_\_\_ Account Number: \_\_\_\_\_

Credit Card: Provider (ie: Visa, MasterCard...): \_\_\_\_\_ Account Number: \_\_\_\_\_

Spouses Full Name: \_\_\_\_\_

Spouses Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Your Place of Employment: \_\_\_\_\_



**References:** (may not be relatives or friends – preferably Lawyer, Accountant, Someone of Professional Status...)

*1<sup>st</sup> Person of Reference:*

Full Name:

Company of Employment:

Job Title:

Home #: ( ) - Work #: ( ) - Ext #:

Mobile #: ( ) - Fax #: ( ) -

Address of Employment: Street #: Street Name:

City:

Province:

Postal Code:

*2<sup>nd</sup> Person of Reference:*

Full Name:

Company of Employment:

Job Title:

Home #: ( ) - Work #: ( ) - Ext #:

Mobile #: ( ) - Fax #: ( ) -

Address of Employment: Street #: Street Name:

City:

Province:

Postal Code:

**NAME & METHOD OF CONTACT PERSONS TO CONTACT IN EMERGENCY:**

I/We, the undersigned, are hereby notified that a Consumer Report containing credit information and/or personal information may be deferred to in connection with this transaction, and hereby consent to the Landlord's obtaining same, from time to time as he may deem necessary. I also acknowledge that any false statement contained on this Application Form or non-disclosure of requested information may result in appropriate action to be determined at the Landlord's sole discretion.

*Applicants Signature*

*Date*