

Application To Rent: Please Fill Out One Form per Tenant

| LEASE INFO | |
|--|--|
| Apartment # _____ 196 Osgoode St. | Term of lease desired (in years) _____ |
| Start date for lease: ____ / ____ / ____ | Total number of tenants for unit: _____ |
| Type of pets _____ | Number of occupants under age 18: _____ |
| Smoking ____ / Non-Smoking ____ | Parking space needed? Yes / No |
| PERSONAL INFO | |
| Name _____ | Birthday ____ / ____ / ____ |
| Business Phone _____ x _____ | Home Phone _____ |
| Emergency contact name & telephone: _____ | Email _____ |
| RESIDENCE INFO | |
| Current address: _____ | Since ____ / ____ / ____ |
| City/Province _____ Postal Code _____ | Current rent cost: _____ |
| Current landlord: _____ | Contact Phone _____ |
| Previous address: _____ | Since ____ / ____ / ____ |
| Previous landlord: _____ | Contact Phone _____ |
| EMPLOYER INFO | |
| Current Employer _____ | Since ____ / ____ / ____ Contact Phone _____ |
| Current Annual Income \$ _____ | Address of Employer _____ |
| Previous Employer _____ | Since ____ / ____ / ____ Contact Phone _____ |
| CREDIT REFERENCE INFO (OPTIONAL) | |
| Credit References (banks, credit unions, credit cards, etc.) | |
| Institution _____ | Account _____ |
| Institution _____ | Account _____ |
| SIN: _____ | |
| (this information is used to improve the accuracy of any credit reference checks we may perform) | |
| SIGNATURE | |
| I certify that all statements are true, and I authorize Shady Kanfi, Ady Kanfi or his official designate to obtain such credit reports or other information as may be deemed necessary in connection with renting an apartment at 196 Osgoode St. in Ottawa. I agree that false information in this application may be considered just cause for cancellation of the full lease once entered into. The above consent is valid for the duration of the lease, and thereafter only if there are any outstanding obligations of the tenant to the landlord. | |
| Signature _____ Date ____ / ____ / ____ | |