

APPLICATION FOR RESIDENTIAL TENANCY
The following information is strictly confidential

Address of the application property _____

1. Personal Information

Name _____ Birthdate _____

Current Address (include postal code) _____

How long? _____ Drivers license # _____

Phone # (h) _____ Phone # (w) _____

Phone # (cel) _____ Email address _____

Previous Address (include postal code)

How long? _____ S.I.N. _____

2. Rental History

Current Landlord name _____

Phone# _____ How long? _____

Previous Landlord name _____

How long? _____ Phone # _____

3. Employment Information

Current Employer _____

Address _____ Occupation _____

Supervisor _____ Phone # _____

How long? _____ Monthly income _____

Previous Employer _____

Address _____ Occupation _____

Supervisor _____ Phone # _____

How long? _____ Monthly income _____

4. Credit Information

Bank name _____ **Branch** _____

Credit reference name _____ **Phone #** _____

Credit reference name _____ **Phone #** _____

5. Emergency Contact information

Name _____ **Address** _____

Phone # _____ **Relationship** _____

6. Additional applicants

Adults _____

Children _____

7. Vehicle

Year of vehicle (s) color make/ model vehicle license #

Approval of this application is subject to the Landlord and Tenant signing a Residential Tenancy Agreement.

Damage deposit/ rental payments

It is understood that the landlord will hold the damage deposit in trust until the termination of said tenancy and will refund the said deposit, plus interest, less the cost of any damages or other such penalties within ten (10) days together with an accounting of said monies. It is further understood and agreed by the prospective tenant that (s)he shall provide a series of post dated cheques, or direct deposit authorization, to the landlord in the amount of the monthly rent for the duration of the tenancy agreement.

Authorization

All statements made in this application are true. I authorize the landlord and/ or his agent to do a credit check and/ or criminal records check.

Dated this _____ day of _____

Applicant signature _____

Please fax to 1-888-738-7981, or email to info@fortpark.ca

