

APPLICATION TO RENT

Property Applying for _____
Move-in Date _____ Rent Amount: _____ Willing to sign 6, 12, _____ month Lease

PLEASE PRINT

Name _____

Present Address _____ Postal Code _____

Phone _____ Date of Birth _____ S.I.N. _____

Email _____ Cell _____

Current Landlord _____ Telephone _____

Reason(s) for moving: _____

Previous Address (if less than two years) _____ Postal Code _____

Previous Landlord _____ Telephone _____

Number of adults to occupy apartment _____ Ages of children _____

Are you: _____ **employed** Occupation _____ Average Family Annual Income _____

Where?: _____ How long? _____ Phone # _____

_____ **on assistance** Type _____

_____ **a student** Where? _____

_____ **other** Explain _____

Supervisor, case worker, etc. _____ Phone # _____ Ext. _____

Spouse's full name _____ Date of Birth: _____

Employed by _____ Occupation _____ Phone _____

Automobile: Year: _____ Make: _____ Model: _____ Color: _____

Driver's License #: _____ License plate #: _____

Credit reference: (List bank or credit union, and address)

1. _____

2. _____

Personal or Business references:

1. _____ Phone _____

2. _____ Phone _____

Next of Kin (Name, Address & Phone)

Do You: Have Pets Yes No Smoke Yes No Have a Criminal record Yes No
(if "yes" explain charge on back)

By signing below, you certify that the information supplied above is true and correct, and that you give permission to the Landlord or Agent for the Landlord to obtain a credit check and/or verify that the information supplied above is true. An application deposit is required before this application will be considered for acceptance (to be applied to the security deposit upon move-in, or refunded if rejected). Any false or misleading statements made in this application may be cause for immediate termination of the tenancy, if accepted, and/or forfeiture of any deposit(s) given in association with this application. **If you are accepted for tenancy, but decline to accept the premises applied for, for any reason, then the application deposit will not be refunded.**

Signature _____ Signature _____ Date _____

PRE-AUTHORIZED PAYMENT PLAN

Completion of this form authorizes Krown Property Management to deduct monthly rental payments from my bank account in the amount of _____ beginning on _____

First Name Initial Last Name

Street Address Unit

City Province Postal Code

Name of Financial Institution

Address City Province

Branch # Institution # Account #

Type of Account (Please circle only): Chequing Savings

Please include a copy of a "VOID" cheque to ensure accuracy.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

This authorization can be cancelled at any time upon 15 days written notice.