

***PROOF OF INCOME AND PHOTO ID
REQUIRED FOR ALL APPLICANTS BEFORE
APPLICATION WILL BE PROCESSED**



POI REC'D:	_____
ID REC'D:	_____
LMR PAID: \$	_____
DATE PAID:	_____
PRO-RATE: \$	_____

RENTAL APPLICATION

<input type="checkbox"/> BACHELOR <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOMS <input type="checkbox"/> 3 BEDROOMS
HOW DID YOU FIND OUT ABOUT US? <input type="checkbox"/> KIJIJI <input type="checkbox"/> WEB PAGE <input type="checkbox"/> SIGNS <input type="checkbox"/> NORTHERN LIFE/SUDBURY STAR <input type="checkbox"/> TV <input type="checkbox"/> REFERRAL <input type="checkbox"/> OTHER
MOVE-IN DATE: _____ PREFERRED BLOCK/UNIT#: _____

	APPLICANT #1	APPLICANT #2	APPLICANT #3
NAME:			
DATE OF BIRTH:			
OTHER OCCUPANT(S):			
AGE (UNDER 18):			

ADDRESS INFORMATION

CURRENT ADDRESS:			
EMAIL:			
PHONE #:			
LANDLORD:			
PHONE #:			
HOW LONG?:			
PREVIOUS ADDRESS:			
LANDLORD:			
PHONE #:			
HOW LONG?:			

INCOME INFORMATION

EMPLOYER/SOURCE:			
OCCUPATION:			
SUPERVISOR NAME:			
PHONE #:			
HOW LONG?:			
ANNUAL INCOME:			
OTHER INCOME:			

BANKING INFORMATION

NAME OF BANK:			
ADDRESS:			
PHONE #:			
ACCOUNT TYPE:			
ACCOUNT #:			

VEHICLE INFORMATION

DRIVER'S LICENSE #:			
VEHICLE MAKE/MODEL:			
COLOUR:			
LICENCE PLATE:			

PET INFORMATION

PET TYPE/#:			
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	APPLICANT #1	APPLICANT #2	APPLICANT #3
EMERGENCY CONTACT			
NAME:			
PHONE #:			
REFERENCES			
NAME:			
RELATIONSHIP:			
PHONE #:			
NAME:			
RELATIONSHIP:			
PHONE #:			
NAME:			
RELATIONSHIP:			
PHONE #:			
NAME:			
RELATIONSHIP:			
PHONE #:			
CO-SIGNER INFORMATION			
NAME:			
DATE OF BIRTH:			
CURRENT ADDRESS:			
PHONE #:			
EMPLOYER/SOURCE:			
OCCUPATION:			
SUPERVISOR NAME:			
PHONE #:			
HOW LONG?:			
ANNUAL INCOME:			
OTHER INCOME:			
<p>I AGREE TO CO-SIGN FOR THE ABOVE NAMED TENANT(S). I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY ARREARS OF RENT OR DAMAGES IF THE ABOVE PROPOSED TENANT(S) ARE ACCEPTED AT WATERVIEW APARTMENTS.</p> <p>_____ DATE: _____</p> <p>SIGNATURE (PROPOSED CO-SIGNER)</p>			

<p>I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE. I AUTHORIZE THE INDIVIDUAL OR ORGANIZATION TO WHOM THIS APPLICATION IS SUBMITTED TO, TO CONTACT MY REFERENCES AND ALL OTHER PERSONS THAT I HAVE NAMED IN THIS APPLICATION. IN THE EVENT THAT THIS APPLICATION IS NOT ACCEPTED, ANY DEPOSIT SUBMITTED BY THE APPLICANT SHALL BE RETURNED.</p> <p>_____ DATE: _____</p> <p>SIGNATURE (APPLICANT #1)</p>	
<p>_____ DATE: _____</p> <p>SIGNATURE (APPLICANT #2)</p>	
<p>_____ DATE: _____</p> <p>SIGNATURE (APPLICANT #3)</p>	

****KEYS WILL NOT BE RELEASED UNTIL PROOF OF INSURANCE COVERAGE IS PROVIDED****