LANDLORD: 1411837 ONTARIO LTD.

PROPERTY ADDRESS: 2605 KEELE STREET - TORONTO - ONTARIO - M6L 2P2

CALL: 416 456 5213 FAX: 416 654 3663

EMAIL: frankstipo@rogers.com

APPLICATION TO RENT FORM

Please complete one application for each person not related by blood or marriage. If a line is not filled in we will return the application to you. You will also be required to present 2 pieces of identification for verification purposes.

Rental Rate:	Security Deposit:		Screening Fee:	
Last Name:	First Name:		Middle Name:	
Date of Birth (yr/m/d):/	Social Insura	ince Number (Optional):		
Driver's License #:	Province:		Valid: Yes	No_
Driver's License Issued on (yr/m/d)	:/	Expires (yr/m/d):/_		
Current Address: (Number/Street)			City:	
Province: Postal Cod	e:	Phone:	Email:	•
Previous Address: (Number/Street)			City:	
Province: Postal Cod	e:	How long residing at cur	rent address:	
Rent Amount: Reason for	Leaving:			
Landiords Name:		Landlords Phone Numbe	r:	
Current Employer:		Current Employers Numb	er:	
Occupation:	How Long:	Salary or	Annual Income:	
Previous Employer:		Previous Employers Num	ber:	
Occupation:	How Long:			
Spouse's Last Name:	First [Name:	Middle Name:	
Date of Birth (yr/m/d):/_	Social	Insurance Number (optiona	al):	
Current Employer:		Current Employers Numb	er:	
Occupation:	How Long:	Salary or	Annual Income:	

Personal References (list 2 personal references not related to you) Phone Number: Street: City: Province: 2. Name:_____ Phone Number: City: Province: Have you ever been evicted as a tenant? Yes____No____ If yes, why?_____ Have you ever been convicted of a criminal offense? Yes____ No____ If yes, what?______ Number of adults to occupy the rental unit?_____ Number of children under 18 to occupy the unit Please list all occupants: Number of Pets: Type of Pets:______ In case of an emergency please notify: Phone Number: City: Province: Street: TENANCY WILL BE DENIED IF you misrepresent any information on the application. If misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated. This is to advise that I the undersigned hereby authorize the person or firm to whom my application has been submitted to obtain a consumer credit report and to make any other inquiries as deemed necessary in determining eligibility for tenancy and assessing credit worthiness. I understand that the information set out in the rental application form may be used for the purposes of responding to emergencies, ensuring the orderly management of the tenancy, complying with legal requirements and for collection purposes should rent be left owing or rental property damaged at termination of lease or end of tenancy. Applicant's Signature: Date: Co-Applicant's Signature: Date: **ALL INFORMATION HEREIN IS DEEMED CONFIDENTIAL**