



STANDARD RENTAL APPLICATION

Send completed application to info@tonywongplace.ca
or send to 25 Deverill Ct, Markham, ON L6G 0C7

Date:

To:
(Landlord or Agent)

PLEASE PRINT CLEARLY

NAME(S):	M _____	SOCIAL INSURANCE NUMBER
	M _____	<input type="text" value="- -"/>
	M _____	<input type="text" value="- -"/>
		<input type="text" value="- -"/>

PREMISES APPLIED FOR:

Suite _____ Type _____ At _____
Address _____
Parking for _____ Private Passenger Automobile(s) – Outside ___ Garage ___ Car Port ___ Underground ___

PROPOSED OCCUPANTS:

Name	Date of Birth	Name	Date of Birth

PROPOSED OCCUPANCY:

Term to commence _____ 20____ Term to end _____ 20____

PAYMENT INFORMATION:

A pro-rated rent of \$ _____ will be paid in advance to cover the period from
_____ 20 ending _____ 20____.

The undersigned agrees to pay for the following services applicable to the desired premises: - Yes or No

Electricity ___ Gas ___ Heat ___ Hot Water ___ Heater ___ Other _____

Monthly Rental \$ _____	Pro-rated rent \$ _____
\$ _____	\$ _____
Parking Inside: \$ _____	First Month Rent \$ _____
Outside: \$ _____	\$ _____
Carport: \$ _____	Prepaid Last Months Rent: \$ _____
Monthly Total \$ _____	Amount Due Prior To Occupancy: \$ _____

Monthly total payable to the Landlord or his Agent in advance on the first day of each month.

Amount received with application \$ _____ by Money Order/Certified Cheque to be applied upon acceptance of this application as:

Deposit last month's/First month rent. Pro-rated rent _____

The undersigned agrees that upon acceptance of this application by the Landlord, a binding Agreement shall be created between the parties hereto and the undersigned shall forthwith enter into a Tenancy Agreement prior to possession of the premises upon the term, upon the Landlord's usual form, in which event the deposit shall be applied towards the last month's rent. If the undersigned should fail to enter upon such Tenancy Agreement, then, subject to the Code of Ethics of the UDI, in addition to any other rights accruing to the Landlord, the undersigned agrees that the deposit shall be forfeited. The tenant acknowledges that this agreement will not commence until the Amount Due Prior to Occupancy is received, along with proof of current tenant insurance.

The undersigned consents to the obtaining of such information as the Landlord may deem necessary at any time in connection with the undersigned, in conjunction with the premises hereby applied for or any renewal or extension thereof. The undersigned also consents to the disclosure of any information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

WHAT MADE YOU CHOOSE THIS ACCOMMODATION NEWSPAPER ___ REFERRAL ___ SIGN ___ or _____

WITNESS

TENANT

WITNESS

TENANT

WITNESS

TENANT

Accepted this _____ day of _____, 20 _____.

LANDLORD OR AGENT

APPLICANT'S PARTICULARS - MUST BE COMPLETED IN FULL - PLEASE PRINT CLEARLY

DETAIL	APPLICANT	APPLICANT	APPLICANT
NAME	<u>M</u>	<u>M</u>	<u>M</u>
PRESENT ADDRESS			
CITY AND ZONE			
LENGTH OF RESIDENCE			
HOME PHONE			
BUSINESS PHONE			
LANDLORD'S NAME			
LANDLORD'S PHONE			
PREVIOUS ADDRESS			
CITY AND ZONE			
LENGTH OF RESIDENCE			
LANDLORD'S NAME			
LANDLORD'S PHONE			
ANNUAL INCOME			
EMPLOYER'S NAME			
EMPLOYER'S PHONE			
OCCUPATION			
LENGTH OF EMPLOYMENT			
PREVIOUS EMPLOYER			
EMPLOYER'S PHONE			
OCCUPATION			
LENGTH OF EMPLOYMENT			
PREVIOUS EMPLOYER			

EMPLOYER'S PHONE			
OCCUPATION			
LENGTH OF EMPLOYMENT			
NAME OF BANK			
BRANCH			
ACCOUNT NUMBER			
TYPE OF ACCOUNT			
MAKE OF AUTO			
YEAR AND COLOUR			
LICENSE NUMBER			
DRIVER'S LICENSE #			
REFERENCES			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
CONTACT			
NAME			
ADDRESS			
PHONE			
RELATIONSHIP			

I understand that my name, phone number and address may be provided to Rogers and Bell. upon acceptance of this application: yes no

The above information is strictly confidential.

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

APPLICANT'S SIGNATURE

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