

**MARKET HOUSING UNITS
RENTAL APPLICATION**

PLEASE PRINT

Date of Application: _____

The undersigned hereby makes an application to rent Market Housing Unit No. _____ located
in the Community of _____

APPLICANT INFORMATION:

Surname Given Name Initial Date of Birth (dd/mm/yy) Social Insurance No.

Current Address No. of Years at Address Reason for Leaving

Previous Address No. of Years at Address Reason for Leaving

FAMILY INFORMATION:

Marital Status: Single () Married ()

Spouse's Name

No. of Dependants Names and Ages

Names and Ages

Names and Ages

Next of Kin (Name, Address & Phone No.)

Pets (Type and No.)

LANDLORD INFORMATION:

Current Landlord and Address Phone No.

Previous Landlord and Address Phone No.

EMPLOYMENT INFORMATION:

Name of Current Employer Employer's Phone No. Community

Profession Salary No. of Years Employed

Name of Previous Employer Employer's Phone No. Community

Profession Salary No. of Years Employed

REFERENCES/ASSETS INFORMATION:

Banking:

Name of Bank Branch No. Chequing Account No.

References: Name Phone No.

Credit _____

Landlord _____

Vehicle:

Driver's License No. _____

License Plate No. _____ Make _____ Model _____ Year _____

LEASE INFORMATION:

Expected duration of lease? _____ No. of Years No. of Years in Community? _____

GENERAL INFORMATION:

Have you ever:

filed for bankruptcy? () Yes () No

been evicted from tenancy? () Yes () No

wilfully or intentionally refused to pay rent when due? () Yes () No

I hereby:

- a) certify that the above information is true and correct;
- b) authorize the (LHO) _____ to contact my references and perform a credit check to verify the information I provided in this application;
- c) agree that my security deposit, without further notice, can be deposited by the (LHO) _____ upon their approval of this application.

Signature of Applicant

Date

OFFICE USE ONLY

LOCATION: _____

UNIT: _____

MONTHLY RENT: _____

SECURITY DEPOSIT: _____

DATE RECEIVED: _____

RECEIVED BY: _____

DATE OF APPLICATION: _____

DATE REVIEWED: _____

REVIEWED BY: _____

DATE OF OCCUPANCY: _____

PRO-RATED RENT: _____

LEASE PERIOD: _____

APPLICANT'S POINTS: _____

PERSONAL CREDIT CHECK AUTHORIZATION

I hereby authorize the (LHO) _____ to conduct personal credit checks and inquiries in regard to my lease application.

Dated this _____ day of _____, 20_____.

Applicant's Signature

OFFICE USE ONLY

APPLICANT INFORMATION FOR PERSONAL CREDIT CHECK

NAME: _____

STREET ADDRESS: _____

CITY/COMMUNITY: _____ PROVINCE/TERRITORY: _____

POSTAL CODE: _____ SOCIAL INSURANCE NO: _____

DATE OF BIRTH: () day () month () year

EMPLOYER: _____

POSITION: _____

DATE: () day () month () year

CHARGE TO: _____

LHO AUTHORIZED SIGNATURE: _____
(Print Name Here)

(Authorized Signature)