

RENTAL APPLICATION

dated _____

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**Waterloo
Regional
Apartment
Management
Association**

TO: _____ (Landlord)
_____ (Address)
(Street No.) (Street) (City) (Province) (Postal Code)

1. APPLICANT(S) PRESENT ADDRESS
(1) _____
Name Apt. No. Street City Postal Code
(2) _____
Name Apt. No. Street City Postal Code
TELEPHONES: Home _____ Business _____
Mobile _____ EMAIL _____ @ _____

2. RENTAL PREMISES APPLIED FOR:
Suite No. _____ Address: _____ City _____
Parking privileges required for _____ private automobile(s): Outside _____ Underground _____ Covered _____ Garage _____
(specify number of spaces in each category)

NOTE: NO DOGS, CATS, OR OTHER PETS OR ANIMALS ALLOWED

Applicant's Signature(s) re: NO PETS

| 3. PROPOSED OCCUPANT(S): | DATE OF BIRTH (D/M/Y) | NAMES | DATE OF BIRTH (D/M/Y) |
|--------------------------|-----------------------|-------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Term to commence _____ Term to end _____
Date accommodation required _____

4. (i) RENTAL INFORMATION: [Includes discount specified in 4(ii)]
Monthly Rental \$ _____
Parking \$ _____
Air Conditioner \$ _____
Appliances \$ _____
Additional Services \$ _____
Additional Services (specify) _____ \$ _____
Additional Services (specify) _____ \$ _____
TOTAL MONTHLY RENTAL \$ _____
If the Rented Premises are subject to a rental discount, the amount of the discount shall be \$ _____ which shall be given as follows:
A Pro-Rated Rent of \$ _____ is to be paid in advance to cover the period from _____ Date to _____ Date

RENTAL INCENTIVE

The Applicants agree to pay for the following services and facilities applicable to the Rented Premises and to provide written confirmation from applicable utilities prior to commencement of lease that utilities are in Applicants name(s):

4. (ii) The charges listed in 4(i) above include a 2% Prompt Payment Discount which shall be given monthly only if Total Monthly Rental is paid on or before the first day of each month. This discount may be discontinued, in the Landlord's sole discretion, at any time after the expiry of the initial term of this Agreement

| | | |
|---------------------|-------|-------------------|
| Electricity | _____ | Specify Yes or No |
| Water | _____ | |
| Gas | _____ | |
| Heat | _____ | |
| Water Heater Rental | _____ | |
| Cable TV | _____ | |
| Other: | _____ | |

4. (iii) SUMMARY OF MONIES TO BE PAID
Total monthly rental for first month's rent \$ _____
Pro-rated rent \$ _____
Contract Deposit \$ _____
Refundable deposit for entry key/card \$ _____
TOTAL \$ _____
Contract Deposit received with this Rental Application \$ _____

We hereby certify the information provided above and on the reverse of this form (Applicant's Particulars) to be true. I/We agree that upon acceptance of this Rental Application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement incorporating the above terms into the Landlord's usual form which I/We have been given the opportunity to review, in which event the Contract Deposit shall be deemed to be a Rent Deposit and applied towards the rent of the last month's occupancy. **IF I/WE SHOULD FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE CONTRACT DEPOSIT SHALL BE FORFEITED.**

If the Landlord is unable to give possession of the rented premises on the date of commencement of the term for any reason, the Landlord shall not be subject to any liability to the Applicants and shall give possession as soon as the Landlord is able to do so. The rent shall abate until possession of rented premises is offered by the Landlord to the Tenant. Failure to give possession on the date of commencement shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenant or in any way be construed to extend the term of this Tenancy Agreement. In the event that a Tenancy Agreement is entered into, this Rental Application by the terms of clause 27 of the Tenancy Agreement will be deemed to form part of the Tenancy Agreement. Any omission or misstatement by the Applicants in this Rental Application may result in the termination of your tenancy by the Landlord even after occupancy has been taken.

The Applicant hereby gives permission to the Landlord or his Agent to use the information collected herein to obtain a consumer report; to contact employers, previous landlords, references; to contact agencies that provide landlord information; to enforce the terms of any Tenancy Agreement that may be subsequently entered into with the Applicant; or to reasonably use it otherwise to assess this Rental Application. It is agreed that where this Application is rejected, the Landlord shall not be required to give reasons therefore.

(Witness) (Applicant 1)

(Witness) (Applicant 2)

ACCEPTANCE: The Landlord hereby accepts this Rental Application/Offer to Lease for the Rented Premises as herein described.

(Date) (Landlord or Agent)

APPLICANT'S PARTICULARS

APPLICANT 1

APPLICANT 2

| | | |
|--|--|--|
| Present Landlord's Name | | |
| Present Landlord's Address | | |
| Present Landlord's Phone Number | | |
| Years lived at present address?: | | |
| What is your previous address? | | |
| Years lived at previous address? | | |
| Name of Previous Landlord | | |
| Address of Previous Landlord | | |
| Phone # of Previous Landlord | | |
| Employer's Name | | |
| Address | | |
| Telephone | | |
| Length of Employment | | |
| Occupation | | |
| Annual Income | | |
| Previous Employer's Name | | |
| Previous Employer's Phone | | |
| Length of Employment | | |
| Name of Bank | | |
| Branch | | |
| Account Number(s) and Type | | |
| Other Income or Assets (Please Specify) | | |
| Year, Make and Colour of Auto | | |
| Licence No. (Auto) | | |
| Driver's Licence No. | | |
| Social Insurance No. | | |
| Date of Birth (D/M/Y) | | |
| Photo ID Provided (specify type) | | |

REFERENCES: **Two personal** (other than relatives) and **one credit** other than the aforementioned Bank. Must be completed in full.

| | | |
|---------|--|--|
| NAME | | |
| ADDRESS | | |
| PHONE | | |
| NAME | | |
| ADDRESS | | |
| PHONE | | |
| NAME | | |
| ADDRESS | | |
| PHONE | | |

IN CASE OF EMERGENCY, Contact next of kin:

| | | |
|--------------|--|--|
| NAME | | |
| ADDRESS | | |
| PHONE | | |
| RELATIONSHIP | | |

I/We certify that the above information is complete and correct.

.....
(Witness)

.....
(Applicant 1)

.....
(Witness)

.....
(Applicant 2)