

WINK

Property Investment
(905)572-WINK(9465)

RENTAL APPLICATION 1

TODAY'S DATE: _____ DATE PREMISES REQ'D: _____

ADDRESS OF PREMISES APPLYING FOR: _____

PERSONAL PROFILE

NAME OF PRIMARY APPLICANT (FULL LEGAL): _____

DATE OF BIRTH/AGE: _____ CHECK ONE: MARRIED (), SINGLE (), WIDOW ()

TELEPHONE #: _____ E-MAIL: _____

NAME OF SPOUSE/COMPANION (FULL LEGAL): _____

DATE OF BIRTH/AGE: _____

CURRENT ADDRESS(NUMBER/STREET/CITY/PROVINCE/POSTAL CODE) _____

HOW DID YOU FIND THIS APARTMENT TO LEASE? (CHECK APPROPRIATE): SPEC.AD _____,

McMASTER OFF-CAMPUS WEBSITE: _____, OPEN HOUSE _____, BUILDING SIGN _____

HOW LONG AT CURRENT ADDRESS? _____

NUMBER OF ADULTS TO OCCUPY PREMISES: _____

NUMBER OF CHILDREN UNDER (18) TO OCCUPY PREMISES: _____

DO YOU HAVE ANY PETS? : _____

IF YES, DESCRIBE WHAT AND HOW MANY?: _____

ON A SCALE OF 1-10, DESCRIBE HOW IMPORTANT CLEANLINESS IS TO YOU: _____

VEHICLE INFORMATION

HOW MANY VEHICLES DO YOU HAVE? _____

STATE YEAR/MAKE/MODEL/LICENSE PLATE# FOR THE FOLLOWING VEHICLES:

VEHICLE #1: _____

VEHICLE #2: _____

VEHICLE #3: _____

DRIVER'S LICENSE #(PRIMARY): _____

DRIVER'S LICENSE #(SECONDARY): _____

INCOME/OCCUPATION

ARE YOU A STUDENT? : _____

IF YES, STATE COURSE & UNIVERSITY/COLLEGE: _____

ARE YOU CURRENTLY EMPLOYED? _____ OCCUPATION: _____

IF UNEMPLOYED, HOW DO YOU EXPECT TO PAY RENT? _____

EMPLOYER/COMPANY: _____ HOW LONG? _____

(COMBINED) MONTHLY INCOME: \$ _____

SUPERVISOR/HR CONTACT NAME &#: _____

PREVIOUS OCCUPATION IF LESS THAN ONE YEAR: _____

(LESS THAN ONE YEAR) FORMER EMPLOYER/CONTACT NAME &#: _____

(LESS THAN ONE YEAR) HOW LONG AT PREVIOUS JOB: _____

ANY PERSON(S) OF THE FOLLOWING DESCRIPTION WILL NECESSITATE THE SIGNATURE AND INVOLVEMENT OF A PARENTAL GUARANTOR: A) PART/FULL TIME STUDENT, B) QUESTIONABLE OR WEAK CREDITWORTHINESS C) WORK HISTORY (LESS THAN ONE YEAR)

REFERENCES

(2) PREVIOUS LANDLORD REFERENCES (NAME / COMPANY / TEL. NUMBER)

A) _____

B) _____

(2) PROFESSIONAL REFERENCES (EMPLOYER / TEACHER / COLLEAGUE - EXCLUDES RELATIVES)

A) _____

B) _____

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RENTAL APPLICATION 2

HAVE YOU PREVIOUSLY BEEN EVICTED?: _____
IF YES, EXPLAIN BRIEFLY: _____

HAVE YOU EVER BEEN A PARTY TO AN ONTARIO HOUSING TRIBUNAL HEARING?: _____
IF YES, EXPLAIN BRIEFLY: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____
ADDRESS: (NUMBER, STREET, CITY, POSTAL CODE): _____

TEL. (HM): _____ TEL.(BUS): _____

CREDITWORTHINESS

SOCIAL INSURANCE NUMBER: (PRIMARY APPLICANT) _____

THE UNDERSIGNED 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.

THIS APPLICATION DOES NOT CONSTITUTE A BINDING AGREEMENT UNTIL REVIEW AND ACCEPTANCE BY LESSEE, PROPERTY OWNER, MANAGEMENT COMPANY OR AGENT THEREOF.

UPON ACCEPTANCE, APPLICANT (S) SHALL BE PROVIDED WITH A DETAILED LEASE AGREEMENT TO COMPLETE, OUTLINING ALL EXPECTATIONS AND RESPONSIBILITIES OF BOTH THE LESSEE, AND LESSOR. ONCE THIS LEASE HAS BEEN FULLY COMPLETED AND SIGNED, THE PARTIES HEREIN ENTER INTO A BINDING AGREEMENT WITH EACH OTHER.

OWNERSHIP RESERVES THE RIGHT TO REFUSE OR REJECT ANY APPLICATIONS OR TENANCIES, THAT DO NOT CONFORM TO OR MEET THEIR CRITERIA.

I/WE AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED WITHIN THIS APPLICATION, AND CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME/US AND THE STATEMENTS MADE HEREIN ARE CORRECT.

A **NONREFUNDABLE DEPOSIT** OF **\$250.00** IS REQUIRED EITHER BY CERTIFIED CHEQUE OR CASH TO PROCESS THIS OR ANY APPLICATION. UPON APPLICATION APPROVAL, BALANCE OF LAST MONTH'S RENT SHALL BE DUE. (TYPICAL MONTHLY RENT LESS DEPOSIT PAID). PRIOR TO MOVE-IN AND LEASE COMMENCEMENT, FIRST MONTH'S RENT IS ALSO REQUIRED TO BE PAID IN FULL. FULL BALANCE OF FIRST AND LAST MONTH'S RENT IS REQUIRED PRIOR TO MOVE-IN. KEYS SHALL BE PROVIDED THEREAFTER.

PRIMARY APPLICANT'S NAME (PRINT)

PRIMARY APPLICANT'S SIGNATURE

SECONDARY APPLICANT'S NAME (PRINT)

SECONDARY APPLICANTS SIGNATURE

DATED AT _____ THIS _____ DAY OF _____ 20____.