RENTAL APPLICATION

LANDLORD:

•	First Rock Properties Ltd. PO Box 1396, Waterdown, ON 905-635-7159 mdelaney@sealinkltd.ca	LOR 2HO		
DATE:			UNIT:	_
RENTAL AMO	UNT:		PARKING:	_
APPLICANTS:	Applicant 1		Applicant 2	
Name		Name		
Address		Address		
Phone: Home		Phone: Home		
Work		Work		
Cell		Cell		
= "		- "		

APPLICANT'S PARTICULARS:

	Applicant 1	Applicant 2
How long have you lived at your		
present address?		
Landlords name, address and		
phone number		
What was your previous		
address?		
How long did you live at your		
previous address?		
Name of previous landlord.		
Annual Income \$		
Employers Name		
Employers Address		
Employers Telephone		
Length of Employment		
Occupation		
Previous Employer and		
telephone #		
Length of Employment		
Name of Bank		
Branch and Address		
Drivers License Number		
Date of Birth		
Social Insurance Number		

REFERENCES:

Applicant 1 Name	Address	Phone	Occupation		
1)					
Applicant 2 Name	Address	Phone	Occupation		
1)					
IN CASE OF EMER	GENCY, next of kin contact:				
	Applicant 1		Applicant 2		
Name					
Address					
Phone					
Relationship					
I certify that the a	bove information is comple	te and correct.			
Applicant's	s Signature:	Date:	Date:		
Applicant's	s Signature:	Date:	Date:		
I give permission t	to the Landlord to do any ne	ecessary credit and refe	rence checks.		
Applicant's	s Signature:	Date:	Date:		
Applicant's	s Signature:	Date:	Date:		
the Unit. The depo rent the Unit. If th	osit will not be refunded to	the Tenant if the Tenan \$40.00 processing fee v	will be kept and the balance		
Applicant's	s Signature:	Date:			
Applicant's	s Signature:	Date:			