

Offer to Lease Belmont Court Apartments

(Please Print)

Applicant 1

Name: _____

Date of Birth: _____

Phone Number: _____

Applicant 2

Name: _____

Date of Birth: _____

Phone Number: _____

Relationship (roommate, married, etc.): _____

Length of relationship: _____

Name of Occupant/s who will be living with Applicant/s

1. _____ D.O.B. _____

2. _____ D.O.B. _____

3. _____ D.O.B. _____

4. _____ D.O.B. _____

Present Address

Street: _____

City and Province: _____

Postal Code: _____

Move in Date: _____ Move out Date: _____

Reason for moving: _____

Present Landlord Name: _____

Phone: _____

Previous Address if less than 2 years

Street: _____

City and Province: _____

Postal Code: _____

Move in Date: _____ Move out Date: _____

Reason for moving: _____

Previous Landlord Name: _____

Phone: _____

EMPLOYMENT INFORMATION

Applicant 1

Social Insurance Number: ____ / ____ / ____
Monthly Income: _____
Position/Title: _____
Length of Employment: _____
Company Name /Address: _____
Supervisor: _____
Phone: _____

Previous Employment if less than 2 years

Position/Title: _____
Length of Employment: _____
Company Name /Address: _____
Supervisor: _____
Phone: _____

Applicant 2

Social Insurance Number: ____ / ____ / ____
Monthly Income: _____
Position/Title: _____
Length of Employment: _____
Company Name /Address: _____
Supervisor: _____
Phone: _____

Previous Employment if less than 2 years

Position/Title: _____
Length of Employment: _____
Company Name /Address: _____
Supervisor: _____
Phone: _____

Vehicle Information

Number of parking spaces required: _____

Applicant 1

Driver's Licence Number: _____
Make of Vehicle: _____
Year: _____
Plate Number: _____

Applicant 2

Driver's Licence Number: _____
Make of Vehicle: _____
Year: _____

Plate Number: _____

REFERENCES

Name	Address	Employer	Phone
1. _____ / _____ / _____			
2. _____ / _____ / _____			

Emergency Contact

Name: _____
Relationship: _____
Address: _____
Phone: _____

Size of Accommodation

1 bedroom ____ 2 bedroom (galley kitchen) ____ 2 bedroom (corner unit) ____

Move-in Date

Jan __ Feb __ March __ April __ May __ June __ July __ Aug __ Sept __ Oct __ Nov __ Dec __

Supporting Documents required to complete application

- Employed - 2 current paystubs/or a letter from your employer
- Retired – Proof of pension/s
- Self-Employed – Most recent government assessment
- Photo ID for all Applicants

THE LANDLORD WILL NOT PROCESS AN INCOMPLETE APPLICATION

Owner and/or Agent reserve the right to reject this application and to refuse possession of the above accommodations.

Note:

Before a lease is signed, the landlord requires the Security Deposit (certified funds) is paid.

Prior to moving in you must provide:

- **First month rent (certified funds).**
- **Proof of Tenant Insurance**
- **Proof of Power in the Leaseholder/s name**
- **Photo ID of all Occupants**

Sorry, No Pets Allowed:

- This includes cats, dogs, rabbits, hamsters, birds, fish, reptiles, etc.

By signing, you hereby grant permission and are aware that a Landlord Reference, Employment Verification and a Credit Report will be obtained in processing of this application.

Applicant 1

Applicant 2

Signature

Signature