

*To submit completed application please email: office@fpm.ca
**Please attach Proof of Income & Photo ID

APPLICATION DATE (dd/mm/yy): _____

I/We the named applicant(s) hereby make application to lease through Fleming Property Management the property located at:

Unit _____ at a monthly rate of, \$ _____, Parking (optional) \$ _____, Commencing date (dd/mm/yy) _____

How did you hear about us? Website Google Kijij Referral Signs

APPLICANT # 1		APPLICANT # 2	
Name: _____	Name: _____	Name: _____	Name: _____
Date of Birth (dd/mm/yy) _____	Date of Birth (dd/mm/yy) _____	Date of Birth (dd/mm/yy) _____	Date of Birth (dd/mm/yy) _____
Cell # _____ Home # _____	Cell # _____ Home # _____	Cell # _____ Home # _____	Cell # _____ Home # _____
Work # _____ Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work # _____ Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work # _____ Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work # _____ Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License # _____	Driver's License # _____	Driver's License # _____	Driver's License # _____
Email: _____	Email: _____	Email: _____	Email: _____
Pets <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, type _____	Pets <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, type _____	Pets <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, type _____	Pets <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, type _____

The applicant(s) agree to pay the following services **NOT** included in the monthly rent amount;

Hydro (electricity) Hot Water Tank Rental Water Gas Other _____

*** Proof of Tenant's Insurance must be provided to Fleming Property Management prior to occupancy. Keys will NOT be released until proof is provided.

PART 1 - RESIDENCE HISTORY			
Address _____		Address _____	
From (dd/mm/yy) _____	To (dd/mm/yy) _____	From (dd/mm/yy) _____	To (dd/mm/yy) _____
Name of Landlord _____		Name of Landlord _____	
Telephone: _____		Telephone: _____	
Current Rent \$ _____		Current Rent \$ _____	

PART 2 - EMPLOYMENT INFORMATION			
Company _____		Company _____	
Employer Contact Name _____		Employer Contact Name _____	
Employer Contact # _____		Employer Contact # _____	
Your Position/Title _____		Your Position/Title _____	
Length of Employment _____		Length of Employment _____	
Monthly Salary (Net) \$ _____		Monthly Salary (Net) \$ _____	

PART 3 - VEHICLE INFORMATION			
Make _____	Model _____	Make _____	Model _____
Year _____	Colour _____	Year _____	Colour _____
License Plate _____		License Plate _____	

I/We declare that all information given in this application is true and complete and will form part of the rental agreement.

I/We hereby give permission for Fleming Property Management to contact the landlords & employers listed above in order to confirm information provided.

I/We consent to permitting the Landlord to check and confirm my credit history, credit references, rental history, employment history, and income amount, and to exchange any information to verify the above as permitted under the Ontario Human Rights Code.

I/We understand that if this application is rejected by Fleming Property Management (FPM), the deposit will be returned without interest and that FPM is not obligated to give any reason for the refusal. If I/We cancel the application, the deposit, once paid, will become non-refundable. Once the deposit is received it is considered confirmation by the applicant(s) of their intention to rent the premises applied for.

Applicant # 1 Signature _____ Applicant # 2 Signature _____
Date (dd/mm/yy) _____ Date (dd/mm/yy) _____