

FOR	OFFICE USE ONLY: APPROVED
	DECLINED
	KEPT ON FILE

RESIDENTIAL RENTAL APPLICATION

One application for each adult Tenant is required.

Property Applying for:		Move In Date:						
1. Applicant: Name:								
Phone #:		_ Email:_						
Date of Birth:	S.I.N		rivers License #:					
Present Address:								
Present Address:Present Rent:	Security Deposit:		Pd by:					
Present Landlord/Agency:								
Landlord/Agency Contact Name: _								
Landlord/Agency Contact Phone #:								
How Long at Present Address:	Reason	Reason for Leaving Present Address:						
2. Other Occupants:								
Name:		Age:	Relationship:					
Name:		Age:	Relationship:					
Name:		_ \de	Relationship:					
Name:								
Persons other than those indicated	on application will no	_ r.go t be perm	itted occupancy. Termination	n of ter		 ICV OI		
additional charges shall result if una								
· ·	•	•						
3. Present Employer:								
Address of Employer:								
Occupation:								
Duration of Employment:	Contact Na	 me:						
Employer Contact Phone #:								
Other Sources of Income/Pensio	n:		Case #:					
Case Worker Name:								
Case Worker Phone #								
Case Worker Phone #: Monthly NET Income:	Name of Ba	nk/CU:						
Branch Address:	Namo or Ba							
4. Description of vehicles used b								
Make/Model:	Colo	ur:	License #:					
Make/Model:	Colo	ur:	License #:					
Number of Parking Stalls Required	:							
Unlicensed, uninsured or inoperab	le vehicles are not p	ermitted	on property and will be tow	red at	ow	ner's		
expense.								
F. Do you have a not?	lf oo bourm	on (2	Type of pot	Cat	,	Doa		
5. Do you have a pet?	II SO, NOW III	any?	rype or per.	Cat	,	Dog		
Breed(s):			vveignt(s):					
Name(s): A Pet Deposit will be required. Most	rontolo bovo vyojedat re	IS	this pet a service animal?	res	/	INO		
A Pet Deposit will be required. Most	rentais nave weight re	Strictions	s. Please confirm with the prop	serty II	iari	ager.		
6. In case of emergency contact:								
Name:			Phone #:					
Address:								
Relationship:	Email:							

7. Guarantor if Required:									
	ame:Phone#:								
Address:	<u>_</u>								
Phone:	Email:								
	e of Birth: S.I.N								
Present Employer:									
Occupation:									
Duration of Employment:	Co	ntact Na	me:						
Employer Contact Phone #:									
Monthly NET Income:	Name of Bank/CU:								
Branch Address:	h Address:								
Guarantor will be required to co	mplete a credit ch	eck intor	mation form and d	consent form.					
credit investigation, Landlord in accordance with the Priv Electronics Documents Act (d check and Emp vacy Legislation (PIPEDA).	oloyment Bill (Bil	t check. All perso Il C6- The Perso	the undertaking of a persona onal information will be treated onal Information Protection &					
I understand that should the	application be a	ccepted	l, I shall sign a te	enancy Agreement.					
Guarantor Signature:			Date:	- <u></u>					

F	low did you he	ar abou	t this rental un	it?					
Kijiji: Facebook:	Instagram:	Genesi	s Website:	Other:					
	Were you r	eferred	by anyone?						
Name:		_Email:							
FOR OFFICE USE ONLY:									
Rent: Security:	Pd date	ə:	Pd Metho	d:					
Processing date on cheque,									
Parking: Number of stalls	at \$	/stall	_ to (dato)						
Parking: Number of stalls									
Total Monthly Payable:									
	Approval Date: Date:								
renants notified by:		L)ate:						
Tenant Responsible for:	HYDRO YES/NO)	WATER YES/NO	GAS YES/NO					
Separate Meter (S/M)			S/M YES/NO						
. ,	Snow Removal	YES/NO		Grass Cutting YES/NO					
	Cable TV	YES/NO		Phone YES/NO					
COMMENTS:									
Application received by:			date:						
ADDICATION TECEIVED DV.			uai c .						

All applications and credit checks will be processed as soon as we receive them. It takes 1-3 business days to complete. We will email you if you are either approved or declined. If you have any questions, please email our office manager, Jennifer Betsill, directly at jennifer@genesismanagement.ca.