

# RENTAL APPLICATION AND OFFER TO LEASE dated \_\_\_\_\_



c/o York Property Management (Landlord)

TO: \_\_\_\_\_  
 470 Dundas Street, Suite 106 - London Ontario N6B 1W3 - P: 519-432-2690 F: 519-432-5351 (Address)

1. APPLICANT(S)

(1) \_\_\_\_\_  
 Full Legal Name Primary Telephone Numer

(2) \_\_\_\_\_  
 Full Legal Name Primary Telephone Numer

2. RENTAL PREMISES APPLIED FOR:

Street Address	Suite	Number of Bedrooms	<input type="checkbox"/> LOFT	City
		Bach 1 2 3 4		

Parking Privileges Required: Outside # \_\_\_\_\_ Underground/Covered # \_\_\_\_\_

3. PROPOSED OCCUPANT(S)

No	First Name	Last Name	Relationship to Applicant	Birthdate (mm/dd/yy)	M / F
1					
2					
3					
4					
5					

PETS:  No Pets  
 Cat(s) # \_\_\_\_\_  
 Dog(s) # \_\_\_\_\_  
 \_\_\_\_\_ Specify Dog Breed  
 Other  
 \_\_\_\_\_ Specify Type of Pet

LEASE TERM		PRO-RATED PERIOD	
Term to Commence (MM/DD/YY)	Start (MM/DD/YY)	Term to End (MM/DD/YY)	End (MM/DD/YY)
Term to End (MM/DD/YY)	End (MM/DD/YY)		

4. (i) RENTAL INFORMATION: [Includes discount specified in 4(ii)] RENTAL INCENTIVE IN EFFECT  No  Yes PLAN \_\_\_\_\_  
 Monthly Rental \$ \_\_\_\_\_ If the Rented Premises are subject to a promotional rental discount, the amount of the discount shall be \$ \_\_\_\_\_ which shall be given as follows:  
 Parking \$ \_\_\_\_\_  
 Air Conditioner - Seasonal - Charged if used \$ \_\_\_\_\_  
 Storage \$ \_\_\_\_\_  
 TOTAL MONTHLY RENTAL \$ \_\_\_\_\_ A Pro-Rated Rent of \$ \_\_\_\_\_ is to be paid in advance to cover the Pro-Rated Period above in section 3.

The Applicants agree to pay for the following services and facilities applicable to the Rented Premises and to provide written confirmation from applicable utilities prior to commencement of lease that utilities are in Applicants name(s):	Electricity	Yes or No
	Water	_____
	Gas	_____
	Heat	_____
	Water Heater Rental	_____
	Air Conditioning	_____
	Cable TV/Telephone	_____

4. (ii) The charges listed in 4(i) above include a 2% Prompt Payment Discount which shall be given monthly only if Total Monthly Rental is paid on or before the first day of each month. This discount may be discontinued, in the Landlord's sole discretion, at any time after the expiry of the initial term of this Agreement.

4. (iii) SUMMARY OF MONIES TO BE PAID

Total Monthly Rental for first month's rent \$ \_\_\_\_\_  
 Pro-Rated Rent \$ \_\_\_\_\_  
 Contract Deposit \$ \_\_\_\_\_  
 Refundable deposit for key and/or key card \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**Contract Deposit received with this Rental Application** \$ \_\_\_\_\_

I/We hereby certify the information provided above and on the reverse of this form (Applicant's Particulars) to be true. I/We agree that upon acceptance of this Rental Application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement incorporating the above terms into the Landlord's usual form which I/We have been given the opportunity to review, in which event the Contract Deposit shall be deemed to be a Rent Deposit and applied towards the rent of the last month's occupancy. **IF I/WE SHOULD FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE CONTRACT DEPOSIT SHALL BE FORFEITED.**

If the Landlord is unable to give possession of the rented premises on the date of commencement of the term for any reason, the Landlord shall not be subject to any liability to the Applicants and shall give possession as soon as the Landlord is able to do so. The rent shall abate until possession of rented premises is offered by the Landlord to Tenants. Failure to give possession on the date of commencement shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenants or in any way be construed to extend the term of this Tenancy Agreement. In the event that a Tenancy Agreement is entered into, this Rental Application by the terms of clause 27 of the Tenancy Agreement will be deemed to form part of the Tenancy Agreement. Any omission or misstatement by the Applicants in this Rental Application may result in the termination of your tenancy by the Landlord even after occupancy has been taken.

The Applicant hereby gives permission to the Landlord or his Agent to use the information collected herein to obtain consumer reports and other personal information. The Applicant, gives permission to and authorizes the Landlord or his Agent to obtain, use or exchange personal information with any personal information agent towards establishing or verifying my financial standing, contact employers, previous landlords, references; to enforce the term of any Tenancy Agreement that may be subsequently entered into with the Applicant; or reasonably use it otherwise to assess this Rental Application. It is agreed that where the application is rejected the landlord shall not be required to give reason therefore.

Applicant One Signature \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_ Witness: \_\_\_\_\_

Applicant Two Signature \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_ Witness: \_\_\_\_\_

ACCEPTANCE; The Landlord hereby accepts this Rental Application/Offer to Lease for the Rented Premises as herein described.

(Date) \_\_\_\_\_

(Landlord Signature) \_\_\_\_\_

***FOR OFFICE USE ONLY***			
Information Confirmed	Guarantor	Rental Application Acceptance	Approval and Communication To Applicant
Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Approved by: _____
Date: _____	Date: _____	Date: _____	Advised Name of Leaseholder: _____
			Date: _____

# APPLICANT'S PARTICULARS

		APPLICANT ONE		APPLICANT TWO		
First Name						
Last Name						
Date Of Birth (MM/DD/YY)						
Applicant Contact Info.	Work ( )			Work ( )		
	Home ( )			Home ( )		
	Cell ( )			Cell ( )		
	E-mail			E-mail		
				Relationship to Applicant One:		
<b>PRESENT RESIDENCE</b>				<input type="checkbox"/> Same as Applicant One		
Current Address:	Street	Suite		Street	Suite	
	City	Prov		City	Prov	
	Postal Code		Postal Code			
Landlord's Name						
Landlord's Telephone	( )		( )			
Rent Amount (\$)	\$		\$			
Years At Location						
Ownership (check one)	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Family/Friends		<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Family/Friends			
<b>PREVIOUS RESIDENCE (if less than 2 years)</b>				<input type="checkbox"/> Same as Applicant One		
Previous Address	Street	Suite		Street	Suite	
	City	Prov		City	Prov	
	Postal Code		Postal Code			
Landlord's Name						
Landlord's Telephone	( )		( )			
Rent Amount (\$)	\$		\$			
Years At Location						
Ownership (check one)	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Family/Friends		<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Family/Friends			
SOURCE OF INCOME (check applicable)	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-Employed
	<input type="checkbox"/> Student	<input type="checkbox"/> Pension	<input type="checkbox"/> Social Service	<input type="checkbox"/> Student	<input type="checkbox"/> Pension	<input type="checkbox"/> Social Service
	<input type="checkbox"/> ODSP	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____	<input type="checkbox"/> ODSP	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____
If employed please complete the following:						
Company Name						
Contact Name						
Address	Street	Suite		Street	Suite	
	City	Prov		City	Prov	
	Postal Code		Postal Code			
Contact Information	( )		( )			
Annual Income	\$		\$			
Years With Employer						
Occupation						
<b>PREVIOUS EMPLOYMENT (if less than 2 years)</b>						
Company Name						
Contact Name						
Address	Street	Suite		Street	Suite	
	City	Prov		City	Prov	
	Postal Code		Postal Code			
Contact Information	( )		( )			
Annual Income	\$		\$			
Years With Employer						
Occupation						
<b>AUTOMOBILE</b>						
Information	Vehicle Make	Model		Vehicle Make	Model	
	Licence Plate Number	Year		Licence Plate Number	Year	
<b>Credit Information</b>						
SIN Number						
Driver's Licence Number						
Name of Bank						
Bank Branch Address						
Other Assets or Income						
Please Specify Amount						
<b>EMERGENCY CONTACTS</b>						
	Next of Kin		Other			
Name						
Contact Information	Tel: ( )		Tel: ( )			
Address	Street	Street		Street	Street	
	City/Prov	City/Prov		City/Prov	City/Prov	
Relationship						
<b>REFERENCES: Two Personal other than relatives.</b>						
Name						
Contact Information	Tel: ( )		Tel: ( )			
Address						
Relationship						

How did the applicant hear about us? Please check all that apply.  Signs  Walk-in  Referral Website:  www.yorkproperty.ca  www.kijiji.ca  
 Newspaper (which paper?) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

I/We certify that the above information is complete and correct.

.....  
 (Applicant 1 - Initials)

.....  
 (Applicant 2 - Initials)