

APPLICATION FOR TENANCY



Residence for Tenancy:

ADULT APPLICANT'S NAME(S) – PLEASE PRINT

OTHER PERSONS/CHILDREN INTENDING TO OCCUPY

EACH ADULT TENANT MUST COMPLETE A SEPARATE APPLICATION

NAME	BIRTHDATE	PHONE #
E-MAIL		

CURRENT/MOST RECENT ADDRESS		
HOW LONG?	RENT/OWN	MONTHLY RENT
REASON FOR LEAVING		
LANDLORD NAME		PHONE #

PREVIOUS ADDRESS (if at above address Less than 2 years)		
HOW LONG?	RENT/OWN	MONTHLY RENT
REASON FOR LEAVING		
LANDLORD NAME		PHONE #

CURRENT EMPLOYER	POSITION	# OF YEARS
SUPERVISORS NAME	ADDRESS	
PHONE	GROSS MONTHLY INCOME	OTHER INCOME

PREVIOUS EMPLOYER	POSITION	# OF YEARS
SUPERVISORS NAME	ADDRESS	
PHONE	GROSS MONTHLY INCOME	OTHER INCOME

DO YOU HAVE ANY PETS? IF YES, PLEASE SPECIFY

DO YOU SMOKE?

TWO BUSINESS OR PERSONAL REFERENCES (Not Family)

NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #
EMERGENCY CONTACT	ADDRESS & PHONE #	RELATIONSHIP

THE ABOVE INFORMATION IS STRICTLY CONFIDENTIAL.

I acknowledge and understand that Paula Freeman and/or Tracy Freeman are acting solely as Agents for the Landlords. I hereby consent to Paula Freeman and/or Tracy Freeman collecting, using and disclosing my personal information for purposes of identifying me, communicating with me, determining my eligibility for the tenancy, assessing my credit worthiness, processing payments, responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements. And in that regard I further consent to Paula Freeman and/or Tracy Freeman obtaining further personal information from any of the people/agencies listed above and authorize those persons/agencies to provide such information to Paula Freeman and/or Tracy Freeman.

APPLICANT SIGNATURE _____

DATED THIS _____ DAY OF _____, 2011

Phone: 250.267.7325 (Tracy)

RETURN:

- via fax to 250.392.7220
- scan and email to tracy@freemanpm.ca