

**OFFER TO LEASE**

**(Each Applicant must submit a separate application)**

Date: \_\_\_\_\_

1. Applicant's First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

2. S.I.N.: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. **Premises Applied For:**

Building Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Type (Furnished/Unfurnished): \_\_\_\_\_

Building Address \_\_\_\_\_ Postal: \_\_\_\_\_

Parking:  Yes  No Locker:  Yes  No Pets:  Yes  No

4. Term to Commence: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Term to End \_\_\_\_\_

5. Payment Information: **Monthly Rental offered for Premises** \$ \_\_\_\_\_

Prepaid Last Month's Rent \$ \_\_\_\_\_

Prepaid First Month's Rent \$ \_\_\_\_\_

Pro-rated rent (if applicable) \$ \_\_\_\_\_

Deposit for Keys (refundable) \$ \_\_\_\_\_

Parking fee per month \$ \_\_\_\_\_

Amount Due Prior To Occupancy \$ \_\_\_\_\_

Monthly total payable to the Landlord or his Agent in advance on the first day of each month: \$ \_\_\_\_\_.

**Deposit amount received with application:** \$ \_\_\_\_\_ to be applied upon acceptance of this application as:  Last Month Rent;  First Month Rent;  Pro-rated Rent;  Key Deposit

6. **Applicant's Present Address:** \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_ Prov.: \_\_\_\_\_

How Long? \_\_\_\_\_ Present Rent: \$ \_\_\_\_\_ Phone: (Res) \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_

Present Landlord: \_\_\_\_\_

Phone: (Res.) \_\_\_\_\_ Phone: (Bus.) \_\_\_\_\_

7. Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

How Long? \_\_\_\_\_ Previous Phone: \_\_\_\_\_

8. Previous Landlord: \_\_\_\_\_

Phone: (Res.) \_\_\_\_\_ Phone: (Bus.) \_\_\_\_\_

9. Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Address: \_\_\_\_\_

How Long? \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

10. List additional proposed occupants:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

11. Name of your primary Bank or Trust Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Account #: \_\_\_\_\_  chq.  sav. Phone: ( ) \_\_\_\_\_

12. Credit Card References: Name: \_\_\_\_\_ Account #: \_\_\_\_\_

13. Personal References (Not Related):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

14. Make and model of car: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

15. In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

16. How did you hear about us? \_\_\_\_\_

1. (a) The Applicant(s) consent(s) to the obtaining of such information from his or her present, past or any future employer; any credit reporting agency; any financial institution or any other person as the landlord/agent may deem necessary at any time in connection with the financial status of the Applicant(s), in conjunction with the premises hereby applied for or any renewal or extension thereof. The Applicant(s) also consent(s) to the disclosure of any information concerning our/my tenancy to any credit reporting agency or to any person with whom the Applicant(s) has or proposes to have financial relations.

**PROVIDING FALSE INFORMATION IS A CRIMINAL OFFENCE.**

I/We agree that upon acceptance of this application by the landlord, the deposit shall be deemed a **NON-REFUNDABLE RENTAL DEPOSIT** applied towards the monthly rent. Also, first & last months rent to be paid in full prior to occupancy in the form of a certified check. I/We shall forthwith enter into a tenancy agreement upon the above terms, upon the landlord's usual form. I/We covenant to execute the said lease prior to taking possession of the said condominium/apartment, and further agree to pay the supplier directly or pay to the landlord as reimbursement of charges paid on my behalf for services applicable to the rented premises:

Hydro: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cable/Satellite TV: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Term to Commence: \_\_\_\_\_ 20 \_\_\_\_\_ Term to End: \_\_\_\_\_ 20 \_\_\_\_\_

Upon acceptance of this application, deposit to be applied to:

- First Month's Rent
- Last Month's Rent
- Pro-rated Rent
- Key deposit

Credit Check Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
References Check Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Check Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identification Collected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Insurance Collected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Accepted at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

x

**By Landlord or Landlords' Agent**

**The Rental Lifestyle Group Inc., 49 St. Clair Ave. West, St. 101, Toronto, Canada M4V 1K6 Tel: 416-340-9676 Fax: 416 340-7900**