

BUILDING REGULATIONS AND RENTAL APPLICATION FORMING AN INTEGRAL PART OF THE LEASE

Date: _____ New Application Assignment Sublet Transfer

Bldg. No:	Bldg. Address:	Suite No:	Type:
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APPLICANT(S) NAME(S):

(1) _____ D.O.B. _____ M F SIN _____

(2) _____ D.O.B. _____ M F SIN _____

(3) _____ D.O.B. _____ M F SIN _____

NAME(S) OF ADDITIONAL PROPOSED OCCUPANT(S) (including spouse, where not an applicant and children):

(1) _____ D.O.B. _____ M F SIN _____

(2) _____ D.O.B. _____ M F SIN _____

(3) _____ D.O.B. _____ M F SIN _____

I understand and agree that if this application is accepted, no person other than those identified above may occupy the premises.

RENTAL INFORMATION

Term: _____ year(s) Proposed Occupancy Date: _____

DATE TERM BEGINS: FIRST DAY OF _____ DATE TERM ENDS: LAST DAY OF _____

Item	Amount / Month
Rented Premises:	_____ \$
Parking: indoor: _____ # of Spaces	_____ \$
Other: [specify] _____	_____ \$
Total Monthly Rent:	_____ \$

A Pro-Rated Rent of \$ _____ is payable in advance for the period from _____, 20__ to _____, 20__.

APPLICANT'S PARTICULARS: [Must be completed in full before application will be considered]

	Applicant (1)	Applicant (2)	Applicant (3)
Name			
Address / Apt.			
Postal Code / Prov.			
Present Monthly Rent			
Length of Occupancy			
Reason for Leaving			
Home phone			
Landlord's Name			
Landlord's Phone No.			
Proof of Identification			
Previous Address (if less than 3 years)			
Address / Apt.			
Postal Code / Prov.			
Monthly Rent			
Length of Occupancy			
Reason for Leaving			
Landlord's Name			
Landlord's Phone No.			
Credit Information			
Bank [Name, Branch]			
Account Type & No.	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust
	Acct. No: _____	Acct. No: _____	Acct. No: _____

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Employment	Applicant (1)	Applicant (2)	Applicant (3)
Company Name			
Occupation			
No. Of Years			
Annual Income			
Employer's Address			
Employer's Name			
Employer's Telephone			
Company Name			
Occupation			
No. Of Years			
Annual Income			
Employer's Address			
Employer's Name			
Employer's Telephone			
Vehicle Information			
Driver's Licence			
Make of Vehicle			
Model and Year			
Vehicle Licence No.			
References [Must be Completed in Full]			
#1: Name			
#1: Address			
#1: Telephone			
#2: Name			
#2: Address			
#2: Telephone			

IN CASE OF EMERGENCY CONTACT: _____ Phone No.: _____ Relationship: _____

I warrant and represent that I do not have any pet(s) and that I will not bring a pet into the Rented Premises if this application is accepted.

THE FIRST MONTH'S RENT MUST BE PAID BY INTERAC, CHEQUE OR MONEY ORDER.

TOTAL RECEIVED for the First Month's Rent:	\$ _____	\$ Interac <input type="checkbox"/>	Cheque <input checked="" type="checkbox"/>	Order <input type="checkbox"/>
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By signing this Rental Application, the tenant(s) accept to abide by the Building Regulations included and certify that the information contained in this Rental Application is true. I authorize GREENWIN PROPERTY MANAGEMENT INC. to do any verification(s) that it deems necessary with my financial institution, my employer, my present landlord as well as with various credit reporting agencies. In the event that this Rental Application is not accepted by the landlord by reason that any of the above information proves not to be true, or is incomplete or misleading or if, after 3 days, I cancel or I do not sign the lease, the fees to open my file will not be returned to me.

Dated at _____ (City), this _____ day of _____, 20 _____.

_____ Tenant: Print Name	_____ Sign Name	_____ Witness
_____ Tenant: Print Name	_____ Sign Name	_____ Witness
_____ Tenant: Print Name	_____ Sign Name	_____ Witness

Acceptance by the Landlord:

The Landlord hereby accepts this application for the Rented Premises as described in this Rental Application:

Date

GREENWIN PROPERTY MANAGEMENT INC.