**Allied Rentals Ltd. – Tenancy Application**

(Form 10 - 1 of 2)

This information is sought to assure the most responsible people possible and to assist the management in case of emergencies.

**Please complete in full or your application may not be considered**.

**Co-Applicants must fill out a separate application.**

|  |  |
| --- | --- |
| **Date** | Click here to enter a date. |

**Photo ID provided? \_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click here to enter text. | Work Phone #: | Click here to enter text. |
| Home Phone #: | Click here to enter text. | Email: | Click here to enter text. |
| Cell Phone #: | Click here to enter text. | Drivers License #: | Click here to enter text. |
| Date Of Birth: | Click here to enter text. |  |  |
| Marital Status: | Choose an item. |  |  |

**What type of unit are you looking for?** Please check all that apply. (Double click box)

Apartments: Bachelor [ ]  1 Bedroom [ ]  2 Bedroom [ ]

Town Houses: 3 Bedroom [ ]  4 Bedroom [ ]

Trailers/Houses: [ ]

**What is your rental history – last three years?**

**Verified? \_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CURRENT Address: | Click here to enter text. | Postal Code: | Click here to enter text. |  |
| City/Town: | Click here to enter text. | Province: | Click here to enter text. |  |
| How Long? | Click here to enter text. | Rent: | Click here to enter text. |  |
| Owner/Manager Name: | Click here to enter text. | Phone #: | Click here to enter text. |  |
| Reason For Leaving? | Click here to enter text. |

 **Verified? \_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Address: | Click here to enter text. | Postal Code: | Click here to enter text. |  |
| City/Town: | Click here to enter text. | Province: | Click here to enter text. |  |
| How Long? | Click here to enter text. | Rent: | Click here to enter text. |  |
| Owner/Manager Name: | Click here to enter text. | Phone #: | Click here to enter text. |  |
| Reason For Leaving? | Click here to enter text. |

**Did you own your own property?**

**Verified? \_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Street Address: | Click here to enter text. | Postal Code: | Click here to enter text. |  |
| City/Town: | Click here to enter text. | Province: | Click here to enter text. |  |
| How Long? | Click here to enter text. |  |  |  |
| Bank/Municipal Office: | Click here to enter text. | Phone #: | Click here to enter text. |  |

**Employment Information:**

**Your Employment Status:** Please check all that apply.

Full Time [ ]  Part Time [ ]  Unemployed [ ]   **Verified? \_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employer: | Click here to enter text. | Position: | Click here to enter text. |
| City/Town: | Click here to enter text. | Province: | Click here to enter text. |
| Supervisor’s name: | Click here to enter text. | Phone #: | Click here to enter text. |
| How long? | Click here to enter text. | Gross Monthly Income: | Click here to enter text. |

 **Verified? \_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Employer: | Click here to enter text. | Position: | Click here to enter text. |
| City/Town: | Click here to enter text. | Province: | Click here to enter text. |
| Supervisor’s name: | Click here to enter text. | Phone #: | Click here to enter text. |
| How long? | Click here to enter text. | Gross Monthly Income: | Click here to enter text. |

 **Verified? \_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Spouses** employer: | Click here to enter text. | Position: | Click here to enter text. |
| City/Town: | Click here to enter text. | Province: | Click here to enter text. |
| Supervisor’s name: | Click here to enter text. | Phone #: | Click here to enter text. |
| How long? | Click here to enter text. | Gross Monthly Income: | Click here to enter text. |

If you have any other sources of income that you would like us to consider, please list income, source and person (spouse, banker, employer, etc.) who we may contact for information. You do not have to reveal alimony, child support, or spouse’s income unless you want us to consider it in this application.

Click here to enter text.

 Office Use Only: Approval Rate (40% of incomes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who will be living with you should your application be approved?** (Form 10 - 2 of 2)

Please note that only those persons listed on this application will be allowed to live in the rental unit.

List the name, relationship, age and date of birth (DOB) of all persons (spouse, child, relative)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Click here to enter text. | Relationship | Click here to enter text. | Age | Click here to enter text. | DOB | Click here to enter text. |
| Name | Click here to enter text. | Relationship | Click here to enter text. | Age | Click here to enter text. | DOB | Click here to enter text. |
| Name | Click here to enter text. | Relationship | Click here to enter text. | Age | Click here to enter text. | DOB | Click here to enter text. |
| Name | Click here to enter text. | Relationship | Click here to enter text. | Age | Click here to enter text. | DOB | Click here to enter text. |

**Please describe your credit history:**

|  |  |
| --- | --- |
| Declared bankruptcy in the last seven (7) years? | Choose an item. |
| Ever been evicted from a rental residence? | Choose an item. |
| Had two or more late rental payments in the last year? | Choose an item. |

 Have you:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name | Click here to enter text. | Chequing Account? | Choose an item. |
| Bank Address | Click here to enter text. | Savings Account? | Choose an item. |

**Do you require a pet-friendly apartment?**

Where pets are allowed, rules and regulations are as set out in the “Pet Addendum”. 1 month’s rent is required for pet damage deposit in addition to security deposit.

|  |  |  |  |
| --- | --- | --- | --- |
| Kind | Click here to enter text. | Breed | Click here to enter text. |
| Height | Click here to enter text. | Age | Click here to enter text. |

**Do you have a vehicle that will be parking on our property?**

If rent includes parking, you are automatically assigned one parking space.

If rent does not include parking, you will be charged an extra fee in addition to your rent, should you require parking.

If you have two vehicles, there may not be parking available for the second vehicle.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of vehicle | Click here to enter text. | Colour | Click here to enter text. |
| Year | Click here to enter text. | License Plate | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **How were you referred to us?** | Choose an item. | Name: | Click here to enter text. |

**Names and phone #’s of three people who are not related to you and that we may contact as a reference:**

 **Verified? \_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Phone #: | Click here to enter text. |
| Name: | Click here to enter text. | Phone #: | Click here to enter text. |
| Name: | Click here to enter text. | Phone #: | Click here to enter text. |

**Who should we notify in case of emergency?**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Home Phone #: | Click here to enter text. |
| Work Phone #: | Click here to enter text. | Cell Phone #: | Click here to enter text. |
| Email: | Click here to enter text. | Relationship: | Click here to enter text. |
| Street Address: | Click here to enter text. | City/Town: | Click here to enter text. |

**Additional Information:**

Please give any additional information that might help management evaluate this application:

Click here to enter text.

CORRECT INFORMATION AND AUTHORIZATION FOR CREDIT SEARCH

The undersigned person(s) represent that all the above statements are true and complete and hereby authorize verification of such information via Polar Collection Services Inc., credit reports, rental history reports, and other means. False information given above shall entitle the Landlord/Owner to (1) reject the application, (2) retain deposit as liquidated damages for owner’s time and expenses of processing this application, and (3) terminate residents’ right of occupancy. False information may also constitute a serious criminal offence under the laws of this province.

SECURITY DEPOSIT

One half of one month’s rent is to be paid as Security Deposit upon approval of this application. Rental units will not be held without this deposit. The landlord is entitled to hold the deposit for the length of the tenancy. The tenant is entitled to interest on the deposit from the date the deposit is paid to the date it is paid back so long as there are no charges applied.

Signature of Applicant Signature of Spouse/Co-Applicant

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Print Name of Applicant | Print Name of Spouse/Co-Applicant |