

RENTAL APPLICATION dated _____

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TO: _____ (Landlord)
 _____ (Address)
(Street No.) (Street) (City) (Province) (Postal Code)

1. APPLICANT(S)	PRESENT ADDRESS				
(1)	_____	_____	_____	_____	_____
	<small>Name</small>	<small>Apt. No.</small>	<small>Street</small>	<small>City</small>	<small>Postal Code</small>
(2)	_____	_____	_____	_____	_____
	<small>Name</small>	<small>Apt. No.</small>	<small>Street</small>	<small>City</small>	<small>Postal Code</small>

TELEPHONES: Home _____ Business _____
 Mobile _____ EMAIL: _____ @ _____

2. RENTAL PREMISES APPLIED FOR: _____ UNIT TYPE _____
 Suite No. _____ Address: _____ City _____
 Parking privileges required for _____ private automobile(s): Outside _____ Underground _____ Covered _____ Garage _____
(specify number of spaces in each category)

NOTE: NO DOGS, CATS, OR OTHER PETS OR ANIMALS ALLOWED
 Applicant's Signature(s) re: NO PETS (Service Animals excepted)

3. PROPOSED OCCUPANT(S):	DATE OF BIRTH (D/M/Y)	NAMES	DATE OF BIRTH (D/M/Y)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Term to commence _____ Term to end _____
 Date accomodation required _____

4. (i) RENTAL INFORMATION: [Includes discount specified in 4(ii)]		RENTAL INCENTIVE
Monthly Rental	\$ _____	If the Rented Premises are subject to a rental discount, the amount of the discount shall be \$ _____ which shall be given as follows: _____ _____ A Pro-Rated Rent of \$ _____ is to be paid in advance to cover the period from _____ Date to _____ Date
Parking	\$ _____	
Air Conditioner	\$ _____	
Appliances	\$ _____	
Additional services _____ (specify)	\$ _____	
Additional services _____ (specify)	\$ _____	
TOTAL MONTHLY RENTAL	\$ _____	

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):

4. (ii) The charges listed in 4(i) above include a 2% Prompt Payment Discount which shall be given monthly <u>only</u> 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.	Specify Yes or No
Electricity	_____
Water	_____
Gas	_____
Heat	_____
Water Heater Rental	_____
Cable TV	_____
Other: _____ Specify	_____
4. (iii) SUMMARY OF MONIES TO BE PAID	
Total Monthly Rental for first month's rent	\$ _____
Pro-Rated Rent	\$ _____
Contract Deposit	\$ _____
Refundable deposit for entry 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 and acknowledge that upon acceptance of this Rental Application by the Landlord, I/We shall hereby be bound to a Tenancy Agreement with the Landlord on the terms and conditions set out in this Rental Application and shall further be bound to all of the terms and conditions of a Tenancy Agreement incorporating the above terms into the Landlord's usual form which I/We have been given the opportunity to review. It is further agreed and acknowledged that upon acceptance of this Rental Application by the Landlord, the Contract Deposit shall be deemed to be a Rent Deposit and applied towards the rent of the last month of the tenancy created by such acceptance.

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 the Tenant. 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 Tenant or in any way be construed to extend the term of this Tenancy Agreement. Upon acceptance of this Rental Application by the Landlord, this Rental Application by the terms of clause 27 of the Tenancy Agreement is 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 a consumer report; to contact employers, previous landlords, references; to contact agencies that provide landlord information; to enforce the terms of any Tenancy Agreement that may be subsequently entered into with the Applicant; or to reasonably use it otherwise to assess this Rental Application. It is agreed that where this Application is rejected, the Landlord shall not be required to give reasons therefore.

..... (Witness) (Applicant 1)
 (Witness) (Applicant 2)

ACCEPTANCE: The Landlord hereby accepts this Rental Application/Offer to Lease for the Rented Premises as herein described.
 (Date) (Landlord or Agent)

APPLICANT'S PARTICULARS

APPLICANT 1

APPLICANT 2

Present Landlord's Name		
Present Landlord's Address		
Present Landlord's Phone Number		
Years lived at present address?:		
What is your previous address?		
Years lived at previous address?		
Name of Previous Landlord		
Address of Previous Landlord		
Phone # of Previous Landlord		
Employer's Name		
Address		
Telephone		
Length of Employment		
Occupation		
Annual Income		
Previous Employer's Name		
Previous Employer's Phone		
Length of Employment		
Name of Bank		
Branch		
Account Number(s) and Type		
Other Income or Assets (Please Specify)		
Year, Make and Colour of Auto		
Licence No. (Auto)		
Driver's Licence No.		
Social Insurance No. (optional)		
Date of Birth (D/M/Y)		
Photo ID Provided (specify type)		

REFERENCES: **Two personal** (other than relatives) and **one credit** other than the aforementioned Bank. Must be completed in full.

NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		

IN CASE OF EMERGENCY, Contact next of kin:

NAME		
ADDRESS		
PHONE		
RELATIONSHIP		

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

.....
(Witness)

.....
(Applicant 1)

.....
(Witness)

.....
(Applicant 2)