

# APPLICATION FOR TENANCY

KENT LAVERDURE PLUMBING LTD



## A. FIRST APPLICANT'S PRIMARY INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

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Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Rent  Own  How long? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Current Rent: \_\_\_\_\_

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Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Rent  Own  How long? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Final Rent: \_\_\_\_\_

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## B. CO-APPLICANT'S PRIMARY INFORMATION (Complete the following only where different from the First Applicant's Information)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

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Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Rent  Own  How long? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Current Rent: \_\_\_\_\_

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Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Rent  Own  How long? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Final Rent: \_\_\_\_\_

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## C. APPLICANT'S STATEMENTS

I/We do not own any pets  I/We own a pet or pets  If owned, describe pet(s) \_\_\_\_\_

I/We are non-smokers  I/We are smokers  As co-applicants we consent to a joint credit report Yes  No

**Note:** Landlords are not responsible for tenants' possessions. If accepted you must carry tenants' insurance covering your possessions and protecting you against liability.

I/We presently insure our belongings and for third party liability Yes  No

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**D. CONSENT** The applicant consents to the Landlord obtaining credit, personal and employment information on the applicant from one or more consumer reporting agencies and from other sources of such information. The applicant authorizes the reporting agencies and any other person, including personnel from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord. If this application is accepted, the Applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.

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## E. APPLICANT'S SIGNATURES **NOTE:** Do not sign the application unless Section A is complete and you have read it.

I/We certify that all information provided by me/us in the Application is true and correct.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Co-Applicants Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

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## F. LANDLORD'S ACCEPTANCE **NOTE:** Do not sign this form unless and until you decide to accept the Applicant(s) as your tenant(s).

The above Applicant(s) are accepted for tenancy commencing: Date of Occupancy: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NOTE TO LANDLORD:** If pages one and two are separated, enter the Applicant's name(s) and date of Application below

First Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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**G. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION**

Secondary Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_ Photo ID Shown Yes  No

Present Landlord or Building Manager's

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Previous Landlord or Building Manager's

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone No: \_\_\_\_\_ How long employed: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Previous Supervisor's Name: \_\_\_\_\_ Previous Supervisor's Phone No: \_\_\_\_\_ How long employed: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License No: \_\_\_\_\_

Second Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License No: \_\_\_\_\_

**Please give the name of a business or personal reference:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Please give the name of next of kin, doctor or other person for emergency contact purposes:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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**H. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION**

Secondary Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_ Photo ID Shown Yes  No

Present Landlord or Building Manager's

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Previous Landlord or Building Manager's

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone No: \_\_\_\_\_ How long employed: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Previous Supervisor's Name: \_\_\_\_\_ Previous Supervisor's Phone No: \_\_\_\_\_ How long employed: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License No: \_\_\_\_\_

Second Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_ License No: \_\_\_\_\_

**Please give the name of a business or personal reference:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Please give the name of next of kin, doctor or other person for emergency contact purposes:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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**I. OTHER ADULT OCCUPANTS** - Full Names of **all other adult occupants** (age 19 or older) to occupy this rental unit

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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**I. OTHER MINOR OCCUPANTS** - Full Names of **all other persons under age 19** (including infants) to occupy this rental unit

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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**NOTE TO APPLICANT(S)** 1. Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.

2. The information you provided on this page continues as part of your Application for Tenancy. Your signature on the first page confirms all information on both pages is true and correct.