

# Residential Rental Application

For inquiries, please contact Allan at:

Email: [allanesl@yahoo.ca](mailto:allanesl@yahoo.ca) – Phone: 403-915-8681

Once completed, please send this application to the above email address.

Application and additional information at <https://properties.allansplace.ca/>

## Rental Property:

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

Desired Move-In Date: \_\_\_\_\_

## Applicant's Personal Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Co-Applicant's Personal Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Other Occupants' Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Rental History

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

For how long? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason(s) for leaving this property: \_\_\_\_\_

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

For how long? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason(s) for leaving this property: \_\_\_\_\_

Have you ever been evicted from a rental residence? Yes / No

Have you missed two or more rental payments in the past 12 months? Yes / No

Have you ever refused to pay rent when due? Yes / No

If Yes to any question above, please state reasons and / or circumstances. \_\_\_\_\_

**Employment Details**

Current Employment

Employment Status:  Full Time  Part Time  Self Employed  Student  Unemployed  Retired  Other

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Hired Date: \_\_\_\_\_ Monthly Income: \$\_\_\_\_\_

Other Income \_\_\_\_\_

Previous Employment

Employment Status:  Full Time  Part Time  Self Employed  Student  Unemployed  Retired  Other

Previous Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Period of Employment: \_\_\_\_\_

**Proof of Income**

The applicant is required to provide proof of their income to this rental application form. Acceptable documents may include:

- pay stubs
- employer's letter / certificate
- bank statements
- copy of the previous year's tax return

**Credit History and Background Credit Check Authorization**

Do you consent to a credit check? Yes / No

Is there anything we may find in this credit check that you wish to comment on? Yes / No

Comment: \_\_\_\_\_

**Additional Information**

1. Pets – No pets are allowed to reside or stay in this rental property.
2. Smoking – No smoking or vaping of cigarettes / tobacco, cannabis, incense, or other airborne substances are allowed in the rental property.
3. Parking – The rental agreement includes two (2) front parking stalls for the tenants' use.  
Will you park vehicle(s) on the property? Yes / No

By signing & dating, I declare that the information I have provided is true and correct and contain no misrepresentations. If misrepresentations are found after a residential lease agreement is entered into between the Landlord and the Applicant, the Landlord shall have the option to terminate the Residential Lease Agreement and seek all available remedies.

The Applicant authorizes the Landlord to verify all references and facts including but not limited to current and previous landlords, employers, and all other references. The Applicant understands that incomplete or incorrect information provided in the Application may cause a delay in processing or may result in denial of application. Successful applicant(s) will be required to submit a copy / scan of Operator's License (driver's license) or other photo identification. Only information from successful applicant(s) will be kept on record.

Applicant's Signature:

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

Co-Applicant's Signature:

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