

Application for Rental Accommodation Return via Fax to: **780-539-5874**

email : renter@telus.net website : www.rentrlp.ca

The Landlord acknowledges the Confidentiality of this Document.

1. ACCOMMODATION INFORMATION

Address of requested rental: _____

Date required: _____

Names of people to Adults: _____

occupy premises: Children: _____

2. PERSONAL INFORMATION OF APPLICANT(S)

Smoker? Yes No Pets? Yes No Breed & Size? _____

Full Name: _____ Birthdate: _____

Present Address: _____ How long? _____

Previous Address: _____ How long? _____

SIN _____ Email: _____

Phone: C _____ H _____ W _____

3. EMPLOYMENT INFORMATION OF APPLICANT

Current Employer: _____ Occupation _____

Supervisor: _____ How long? _____

Address: _____ Phone _____

Previous Employer: _____ Occupation _____

Supervisor: _____ How long? _____

Address: _____ Phone _____

4. CREDIT INFORMATION OF APPLICANT

Income \$ _____ Per Month

Bank _____ Branch _____

Support Worker Name: _____ Phone _____

(if applicable)

5. RENTAL HISTORY

Current Landlord Name: _____ Phone _____

Previous Landlord Name: _____ Phone _____

6. RELATIVES OR FRIENDS WHO CAN BE CONTACTED IN CASE OF EMERGENCY

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Relationship _____ Relationship _____

Approval of this application is subject to the Landlord and the Tenant signing a Residential Tenancy Agreement.

All statements that I made in this application are true. I authorize the Landlord to do a credit check and to use the information provided to verify my eligibility as a tenant.

_____ Date _____
(signature of applicant)

Submit