

STUDENT RENTAL APPLICATION



PROPERTY CARE
MANAGEMENT
EST. 1989

To: 883416 Ontario Ltd., o/a Property Care

Return via Email: Don - theleasingguy@outlook.com

Date (DD/MM/YYYY): _____

Thank you for the submission of your application. Information is kept confidential and destroyed if not used

1. RENTAL UNIT APPLIED FOR:

The applicant is applying for the rental unit at:

Unit No.

Street

City

Postal Code

2. APPLICANT

Name:

Date of Birth (DD/MM/YYYY):

Contact:

Mobile Phone No.

E-mail Address

Enrollment:

School

Program

Year of Study

3. ADDRESS

Current Address:

Unit No.

Street

City

Postal Code

Current Landlord's Name:

Contact Number:

Previous Address:

Unit No.

Street

City

Postal Code

Previous Landlord's Name:

Contact Number:

4. EMERGENCY CONTACT

Parent's Name:

Parent's Address:

Unit No.

Street

City

Postal Code

Contact:

Phone No.

E-mail Address

Please specify relationship if emergency contact different than parent: _____

5. APPLICANT PARTICULARS

Pet(s): The applicant/Occupant intends to keep a pet at the Rental Unit. Y N

If Yes, number and type: Cat(s): _____ Dog(s): _____ Other: _____

If No, I will not bring a pet into the rental unit: Initial _____

Parking required for _____ private automobiles Outdoor Covered

6. SIGNATURE

I hereby certify the information provided above on this form to be true. IF I SHOULD FAIL TO TAKE OCCUPANCY OF THE RENTAL UNIT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCURING TO THE LANDLORD, I AGREE AND ACKNOWLEDGE THAT THE DEPOSIT SHALL BE APPLIED TO THE LAST MONTH'S RENT.

The Applicant hereby give permission to the Landlord or his Agent to use the information collected herein to obtain a landlord reference from previous and current Landlords; 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.

Applicant: _____ X Date (DD/MM/YYYY): _____

Landlord/Agent: _____ X Date (DD/MM/YYYY): _____