



## APPLICANT INFORMATION

When submitting an application, in addition to the completed Application Form, and either an in person or virtual meeting we require:

- Copy of valid Photo ID (Driver's License or Passport)
- Proof of income and employment (if retired: a recent NOA from CRA, and/or summary of investment totals, and/or a 30-day bank statement, and/or proof of sale of current home)

### PERSONAL INFORMATION Primary Applicant

First Name	Last Name
<input type="text"/>	<input type="text"/>
Middle Initial	S.I.N. Number
<input type="text"/>	<input type="text"/>
	<small>Required when applying without valid drivers license.</small>
Date of Birth (dd/mm/yyyy)	Home Phone and/or Cell
<input type="text"/>	<input type="text"/>
Work Phone Number	Email
<input type="text"/>	<input type="text"/>

### PERSONAL INFORMATION Secondary Applicant

First Name	Last Name
<input type="text"/>	<input type="text"/>
Middle Initial	S.I.N. Number
<input type="text"/>	<input type="text"/>
	<small>Required when applying without valid drivers license.</small>
Date of Birth (dd/mm/yyyy)	Home Phone and/or Cell
<input type="text"/>	<input type="text"/>
Work Phone Number	Email
<input type="text"/>	<input type="text"/>

### RESIDENCE HISTORY Provide the residence history for both the primary and secondary applicants if they are not currently living at the same address.

Current Address	
<input type="text"/>	
Landlord or Owner Name	
<input type="text"/>	
Length of Ownership or Tenancy	
<input type="text"/>	
Previous Address	
<input type="text"/>	
Landlord or Owner Name	
<input type="text"/>	
Length of Ownership or Tenancy	
<input type="text"/>	

City/Province	
<input type="text"/>	
Landlord Phone	
<input type="text"/>	
Reason for Leaving	
<input type="text"/>	
City/Province	
<input type="text"/>	
Landlord Phone	
<input type="text"/>	
Reason for Leaving	
<input type="text"/>	



**EMPLOYMENT INFORMATION (PRIMARY)** Provide most recent employment info if "current" does not apply. Ex: retired.

Current Employer

Address

City/Province

Phone Number

Length of Employment

Occupation

Annual Salary

Previous Employer

Address

City/Province

Phone Number

Length of Employment

Occupation

Annual Salary

**REFERENCES (NOT A RELATIVE)**

Full Name

Phone Number

Relation

Full Name

Phone Number

Relation



**EMPLOYMENT INFORMATION (SECONDARY)** Provide most recent employment info if "current" does not apply. Ex: retired.

Current Employer

Address

City/Province

Phone Number

Length of Employment

Occupation

Annual Salary

Previous Employer

Address

City/Province

Phone Number

Length of Employment

Occupation

Annual Salary

**REFERENCES (NOT A RELATIVE)**

Full Name

Phone Number

Relation

Full Name

Phone Number

Relation



## APPLICANT INFORMATION

### ADDITIONAL OCCUPANTS Living in unit but not noted on lease, provide copy of valid photo ID.

Full Name	Date of Birth (dd/mm/yyyy)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name	Date of Birth (dd/mm/)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pets (#, type, age)	Pet Name(s)
<input type="text"/>	<input type="text"/>

### EMERGENCY CONTACT(S)

Full Name	Phone Number	Email Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name	Phone Number	Email Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### UNIT INFORMATION

Unit Applying For

Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Monthly Unit Charge (1)	Monthly Storage Charge (2)	Preferred Storage Locker
<input type="text"/>	<input type="text"/>	<input type="text"/>

Monthly Parking Charge (3)	Preferred Parking Space	Vehicle Details (make/model/year/ colour/license plate)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Per Month (1+2+3)	First and last months' rent due at time of lease signing
<input type="text"/>	<input type="text" value="Certified cheque/draft payable to: &lt;b&gt;Uniform Boundstone Apartments Ltd.&lt;/b&gt;"/>



## SIGNATURES

Proof of tenant liability insurance must be produced before keys are issued.

Initials  
(Primary)

Initials  
(Secondary)

No smoking is permitted in the units or in the common areas including the outside areas.

Initials  
(Primary)

Initials  
(Secondary)

I/We agree that upon acceptance of this Rental Application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement incorporating the above terms into the Landlord's usual form.

(I/We) The Applicant hereby consents to the Landlord or their agent obtaining and viewing credit, financial and related personal or business information, and tenant history about the Applicant (including credit reports, credit scores and tenant records), from past and present landlords and from the reporting agencies known as Equifax, TransUnion, Experian and Landlord Credit Bureau, from time to time for the purposes of assessing the Applicant's current and ongoing eligibility for tenancy. The consents provided are effective as of the date of this Application and will be valid for as long as required to fulfill the purposes described herein.

If (I/We) the Applicant is granted tenancy with the Landlord, the Applicant hereby consents to the Landlord or their agent disclosing personally identifying information about the Applicant and information about their tenancy, including but not limited to the amount and timing of rent payments, good behaviour, problematic behaviour, any debt outstanding, and reviews of the Landlord's experience regarding the Applicant, to Equifax, Landlord Credit Bureau and other reporting agencies, which may then be used in a tenant record, credit report and credit score for the Applicant and shared with other landlords and credit grantors.

I/We acknowledge receiving a copy of this rental application, we hereby grant our consent to our current and previous landlords to release any and all information in their file regarding our tenancy for the purposes of approving this application.

I have reviewed the above information and confirm that it is complete and correct to the best of my knowledge. I further affirm that all representations I have made in relation to this application, including my attached income and employment verification, are true, accurate and complete to the best of my knowledge.

Applicant Signature (Primary)

Witness Signature

Applicant Signature (Secondary)

Date (dd/mm/yyyy)