



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	N Primary Applicant	PERSONAL INFORMATION Secondary Applicant					
First Name	Last Name	First Name	Last Name				
Middle Initial	S.I.N. Number	Middle Initial	S.I.N. Number				
Date of Birth (dd/mm/yyyy)	Required when applying without valid drivers license. Home Phone and/or Cell	Date of Birth (dd/mm/yyyy)	Required when applying without valid drivers license. Home Phone and/or Cell				
	Tionic Phone una/or deli		Tionic Phone una/or cen				
Work Phone Number	Email	Work Phone Number	Email				
RESIDENCE HISTORY Current Address		City/Province					
Current Address		City, 1 Tevines					
Landlord or Owner Name		Landlord Phone					
Length of Ownership or Tena	ancy	Reason for Leaving					
Previous Address		City/Province					
Landlord or Owner Name		Landlord Phone					
Length of Ownership or Tena	ancy	Reason for Leaving					





APPLICANT INFORMATION

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





APPLICANT INFORMATION

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 OCCUPA	NTS Living in u	nit but not noted or	ı leas	se					
Full Name			Date of Birth (dd/mm/yyyy)						
Full Name		Date of Birth (dd/mm/yyyy)							
Pets (#, type, age)		Pet Name(s)							
EMERGENCY CONTAC	T(S)								
Full Name	Phone Nu	ımber		Email Address		Relationship			
Full Name	Phone Nu	ımber		Email Address		Relationship			
UNIT INFORMATION									
Unit Applying For									
Start Date (dd/mm/yyyy)			End Date (dd/mm/yyyy)						
Monthly Unit Charge (1)			Monthly Storage Charge (2)						
Monthly Parking Charge (3) Preferred Parki		Preferred Parking	s Space		Vehicle Details (make/model/year/colour/license plate)				
Total Per Month (1+2+3)				First/Last months	s re	rent at time of lease signing			
				Certified cheque/draft payable to: Uniform Wateridge Apartments Ltd.					





SIGNATURES

Proof of tenant liability insurance must be produced before k	eys are issued.	Initials	Initials	
No smoking is permitted in the units or in the common areas	including the outside areas.	Initials	Initials	
/We agree that upon acceptance of this Rental Application Agreement incorporating the above terms into the Landlord's		rthwith en	iter into a Tenan	ісу
(I/We) The Applicant hereby consents to the Landlord or the personal or business information, and tenant history about the tenant records), from past and present landlords and from the Experian and Landlord Credit Bureau, from time to time for the tongoing eligibility for tenancy. The consents provided are effected as long as required to fulfill the purposes described herein.	ne Applicant (including credit e reporting agencies known a he purposes of assessing the	reports, ci as Equifax, Applicant	redit scores and , TransUnion, 's current and	d
If (I/We) the Applicant is granted tenancy with the Landlord, their agent disclosing personally identifying information about not limited to the amount and timing of rent particularly, and reviews of the Landlord's experience regard other reporting agencies, which may then be used in a tenan shared with other landlords and credit grantors.	ut the Applicant and informat syments, good behaviour, pro- ling the Applicant, to Equifax	iion about blematic b , Landlord	their tenancy, pehaviour, any d Credit Bureau a	and
/We acknowledge receiving a copy of this rental application andlords to release any and all information in their file regardapplication.				ous
have reviewed the above information and confirm that it is of affirm that all representations I have made in relation to this averification, are true, accurate and complete to the best of m	application, including my atta	_	_	
Applicant Signature (Primary)	Witness	s Signature	е	
Applicant Signature (Secondary)	Date (do	d/mm/yyy	v)	