



Wateridge Village Rental Application Form

APPLICANT INFORMATION

PERSONAL INFORMATION

First Name(s)

PRIMARY APPLICANT

SECONDARY APPLICANT

Last Name(s)

PRIMARY APPLICANT

SECONDARY APPLICANT

Middle Initial(s)

PRIMARY APPLICANT

SECONDARY APPLICANT

S.I.N. Number(s)

PRIMARY APPLICANT

SECONDARY APPLICANT

Date of Birth (dd/mm/yyyy)

PRIMARY APPLICANT

SECONDARY APPLICANT

Home Phone and/or Cell Phone Number(s)

PRIMARY APPLICANT

SECONDARY APPLICANT

Work Phone Number(s)

PRIMARY APPLICANT

SECONDARY APPLICANT

Email(s)

PRIMARY APPLICANT

SECONDARY APPLICANT

RESIDENCE HISTORY

Current Address

City/Province

Landlord Name

Landlord Phone

Length of Tenancy

Reason for Leaving

Previous Address

City/Province

Landlord Name

Landlord Phone

Length of Tenancy

Reason for Leaving



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APPLICANT INFORMATION

EMPLOYMENT INFORMATION (PRIMARY)

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



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APPLICANT INFORMATION

EMPLOYMENT INFORMATION (SECONDARY)

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



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APPLICANT INFORMATION

ADDITIONAL OCCUPANTS

Full Name

Date of Birth (dd/mm/yyyy)

Full Name

Date of Birth (dd/mm/yyyy)

Full Name

Date of Birth (dd/mm/yyyy)

EMERGENCY CONTACT

Full Name

Phone Number

Relationship

Full Name

Phone Number

Relationship

UNIT INFORMATION

Unit Applying For

Start Date (dd/mm/yyyy)

End Date (dd/mm/yyyy)

Monthly Rent Charge

Other Charges

Parking Space Charge

Vehicle Details (make/model/year)/Preferred Parking Space

Total Per Month/Total Deposit Given

Type of Deposit Given

Certified cheque payable to: Uniform Wateridge Apartments Ltd.



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SIGNATURES

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

Initials

Initials

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

Initials

Initials

It is understood by the Applicant(s) that the sum of \$ given by the Applicant(s) to the Landlord is to be held as a Last months Rent Deposit.

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, in which event the deposit shall be applied towards the rent of the last month's occupancy. If I/We fail to enter upon such Tenancy Agreement in addition to any other rights accruing to the Landlord, I/We shall agree that the deposit shall be returned.

By signing this application, I hereby give permission to the Landlord and/or agent to perform credit checks, to contact employers, previous landlords or to take any other reasonable steps to adjudicate this Rental Application.

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)

The Landlord hereby accepts this Rental Application for the premises as herein described.

Date (dd/mm/yyyy)

Landlord Acknowledgement