

Application for Tenancy

This is a confidential application for tenancy.

Please return application to 165 Victoria St. South, Kitchener, ON N2G 2B7 Phone: (519)747-5340 Fax: (519) 747-5169

Rental Property for which you are applying (Street address & City): _____

Applicant #1:

Full Name including initials _____ Date of Birth _____

SIN _____ Driver's License _____ Telephone _____ Current Address _____

How long at this address? _____ Monthly Rent\$ _____ Landlord _____ Telephone _____

Prior address if less than two years _____ Landlord Name _____ Landlord Phone # _____

Applicant #2:

Full Name including initials _____ Date of Birth _____

SIN _____ Driver's License _____ Telephone _____ Current Address _____

How long at this address? _____ Monthly Rent\$ _____ Landlord _____ Telephone _____

Prior address if less than two years _____ Landlord Name _____ Landlord Phone # _____

Additional Occupants:

1. Name _____ DOB _____ 2. Name _____ DOB _____

References:

1. _____ Telephone _____ 2. _____ Telephone _____

3. _____ Telephone _____

Emergency Contact:

Name _____ Telephone _____ Relationship _____

Employment:

Applicant #1: Employer _____ Title / Position _____ Annual Income _____

How long have you been there: _____ Telephone _____

Applicant #2: Employer _____ Title / Position _____ Annual Income _____

How long have you been there: _____ Telephone _____

Car Information:

Do you require parking (Y/N)? _____ # of Spots _____ Make/Model/Plate of car(s) _____

Pet Information:

Do you have pets (Y/N)? _____ # of Pets _____ Type & Breed of Pet(s): _____

Bank Information:

Bank Name and Address: _____

I declare that the above-mentioned information is true and correct. I further authorize Cordage Lofts Inc. to obtain and or exchange personal information with any personal information agent towards establishing or verifying my financial standing.

Applicant #1 Signature _____ Date _____ Applicant #2 Signature _____ Date _____

Comments if any _____

Preferred Unit: 1st Choice _____ 2nd Choice _____ 3rd Choice _____ # of Bedrooms Required _____

When would you like to move into the apartment? Day _____ Month _____ Year _____

Office Use Only: Approved Y/N _____ Unit # _____ Person Advised _____ Date Advised _____

First Months Rent Amount _____ Received Y/N _____ Last Months Rent Amount _____ Received Y/N _____ Parking Amount _____

Hydro Account #: _____ Gas Account #: _____ CMHC Form Attached Y/N _____