

# APPLICATION FOR RENTAL ACCOMMODATION

C/O BENCHMARK MANAGEMENT SERVICES, 39 DURWARD PLACE, UNIT 2., FRONT, WATERLOO, ON N2L 4E5  
 TELEPHONE: 519-746-3033      FAX: 519-746-7033

NAME OF LANDLORD:

(cheques are to be made payable in this name)

**INSTRUCTIONS:**      -Fill out this application form completely (please *print* clearly)  
 -All those applying for housing must complete applicant information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name- Applicant No. 1	First Name/Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		EMERGENCY Contact /NEXT OF KIN				
		Name:				
		Address:				
		Phone:				

  

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name- Applicant No. 2	First Name/Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		EMERGENCY Contact /NEXT OF KIN				
		Name:				
		Address:				
		Phone:				

**OTHER APPLICANTS TO RESIDE IN ACCOMMODATION APPLIED FOR:**  
 (ONLY THESE PERSONS ARE PERMITTED TO RESIDE IN THE RENTED PREMISES)

Last Name	First Name	Age	Birth date (M-D-YYYY)	Sex (M/F)	Relationship (Son, Daughter, Niece, etc.)

**PRESENT LANDLORD:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_      **PHONE:** \_\_\_\_\_

Why are you vacating?

Are you under a 'Notice To Vacate'?  No  Yes – Please attach a copy of your Notice

PREVIOUS LANDLORD: NAME: \_\_\_\_\_

ADDRESS YOU RESIDED AT: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

REFERENCES: (PLEASE LIST 2): 1 \_\_\_\_\_ PHONE: \_\_\_\_\_

(Other than relative)

2 \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS APPLIED FOR: \_\_\_\_\_

RENT: \$ \_\_\_\_\_ LAST MONTH'S RENT (DEPOSIT) \$ \_\_\_\_\_ Money Order/CertifiedCheque)

DATE OF OCCUPANCY \_\_\_\_\_ 20\_\_\_\_  
M/D/Y

UTILITIES: GAS: \_\_\_\_\_ HYDRO: \_\_\_\_\_ WATER: \_\_\_\_\_ CABLE: \_\_\_\_\_  
L/L or TNT L/L or TNT L/L or TNT TNT

PLEASE CIRCLE SMOKER: YES NO PETS: YES NO

AUTOMOBILE: MAKE MODEL: COLOUR: LICENSE #

INSURANCE: DO YOU PRESENTLY INSURE YOUR PERSONAL BELONGINGS AND THIRD PARTY LIABILITY? YES NO

HOUSEHOLD INCOME PER MONTH

Employment Earnings Applicant # 1	\$	Employment Earnings Applicant # 2	\$
Income From Other Sources: Applicant # 1	\$	Income From Other Sources: Applicant # 2	\$

**EMPLOYMENT INFORMATION APPLICANT # 1**

EMPLOYER: NAME: _____ PHONE: _____	
ADDRESS: _____	Are you allowed to take calls at work? _____
CONTACT PERSON TO VERIFY EMPLOYMENT: _____	
LENGTH OF EMPLOYMENT: _____ POSITION: _____	

**EMPLOYMENT INFORMATION APPLICANT # 2**

EMPLOYER: NAME: _____ PHONE: _____	
ADDRESS: _____	Are you allowed to take calls at work? _____
CONTACT PERSON TO VERIFY EMPLOYMENT: _____	
LENGTH OF EMPLOYMENT: _____ POSITION: _____	

APPLICANT NO. 1 (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

APPLICANT NO. 2 (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Conditions Applicable to Application

1. The Applicant(s) and/or undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the rental hereby applied for or any renewal or extension thereof and to the disclosure of any information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.
2. The Landlord (or his Agents) shall ACCEPT or NOT ACCEPT this Application. If this Application is ACCEPTED, the Application deposit will be credited to the Account of the Last Month's Rent and occupancy will be granted as indicated. If this Application is NOT ACCEPTED, the Application Deposit will be returned to the Applicant and occupancy not be granted. The Applicant(s) hereby waives any claims for damages by reason of non-acceptance by the Landlord or his Agents and the Applicant further agrees that the Landlord or his Agents can reject this Application without stating the reason(s) for doing so.
3. If this Application is ACCEPTED, the Applicant(s) shall execute a Lease upon the Landlord's form containing terms and conditions of the tenancy, prior to occupancy to the premises and no later than the occupancy date. It is agreed this Application for Tenancy is considered part of and incorporated with the Lease Agreement. If such a Lease is not executed by the Applicant(s) on or before the "Occupancy Date", then any money paid by the Applicant(s) previously shall be forfeited to the Landlord or his Agents as liquidating damages and the Landlord or his Agents shall have the immediate right to rent the premises to a third party. If the Applicant(s) decide to CANCEL this Application after ANY processing of this Application has begun, the Application Deposit will be FORFEITED to the Landlord or his Agents as liquidation damages.
4. Possession of the premises applied for shall not be given to the Applicant(s) until this Application has been ACCEPTED. Any occupancy granted as a result of this Application is subject to the present tenant vacating the said premises. The Applicant(s) agrees to waive any claim for damages against the Landlord or his Agents for any and all losses that accrue to the Applicant(s) resulting from the present tenant not vacating the said premises at the time previously indicated by the present tenant.
5. I/We, the undersigned, acknowledge that I/We have read, understood and agree with the conditions of this Application. I/We hereby certify that the information contained on this Application for tenancy is true and accurate. I/We further understand that FALSIFICATION OF ANY OF THE INFORMATION contained herein will be cause for automatic NON-ACCEPTANCE of this Application, without exception.
6. Personal information contained in this form or in attachments is collected by the Landlord pursuant to the *Freedom of Information Act (R.S.O 1990 c.F.31)* or the *Municipal Freedom of Information and Privacy Act (R.S.O 1990 c.M.50)*. This information will be used to determine eligibility for housing.

APPLICANT NO. 1 (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

APPLICANT NO. 2 (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_