APPLICATION FOR APARTMENT RENTAL

Please fill out one application for <u>each</u> occupant

	Unit # Rent:				
Deposit with application:		Lease S	tart Date:		
TENANT INFORMATION: First Name:			Last Name:		
	S.I.N:				
Current Address: Street	City		Provinvce_	Postal	Code
Phone Numbers: Home: ()	Work: ()		Cell: ()
Pets: (Y / N) if yes, Type, Quantity, Breed:					
EMAIL: (Please print clearly)					
Living Situation: Alone / Roommate / Family (circle one) Other:					-
EMERGENCY CONTACT: First Name:	Last Name:		Relationship:		
Current Address: Street	City		Provinvce	Postal	Code
Phone Numbers: Home: ()	Work: ()	(Cell: ()
EMAIL: (Please print clearly)					
GUARANTOR (if applicable): First Name:	L;	ast Name:		Relationsh	ip:
Current Address: Street	City		Provinvce	Postal	Code
Phone Numbers: Home: () EMAIL: (Please print clearly)	Work: ()		Cell: (_)
CURRENT LANDLORD: Name:			Tel: ()		Rent:
Since: Lease End:	Reason	n for Leaving: _		 	
Previous Address if less than 3 years:					
CURRENT EMPLOYMENT: Company Name:			Supervis	or:	
Tel: () Length of time:					
Net Income: *Proof of income / Letter confirming employment *Any piece of photo ID	and most re	ecent pay st		weekly / Mon	thly / Yearly (circle one)
REGIE DE LOGEMENT Any claim current or past filed against you, your room	mmate, or gi	ıarantor:	(Yes / No) If y	ves, please ex	plain on back. →
I hereby authorize the verification of the information above thre automatically result in rejection of the present application. I undeposit will be applied against the first month's rent; if refult is understood that the acceptation of the applicant as a tenant only upon signing by both parties and receipt of complete payment the English language. Les parties déclarent qu'ils exigent que contract de la contr	nderstand that used, returned shall be condi- ment of the firs	t the deposit i in full. If aft itional to a sati t month's rent	s to secure the ap er being accepted isfactory credit inv . The Parties here	artment for martment I refuse, I los restigation. The	ne. If I am accepted, the e my deposit. e lease will take effect
Hand Signature:	Date:				

7310 Mountain Sights Ave, Montreal, Quebec H4P 2A6 Tel: 514.383.4977 Fax: 514.383.6078 service@lazarequities.com