



*Denis F. Luby*

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BED		BATH		RESIDENTIAL RENTAL APPLICATION		RENT	
MANAGER				TERM		READY DATE	
CITY						PHONE	
(UNIT) ADDRESS						E-MAIL	

## Applicant's Information

Primary Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.

SIN: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

# of Pets: \_\_\_\_\_

Secondary Applicant : \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.

SIN: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

# of Pets: \_\_\_\_\_

Total Occupancy: \_\_\_\_\_

If you have any pets, please describe them below in some detail:

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# Residential History

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

Move-In: \_\_\_\_\_ Move-Out: \_\_\_\_\_ May we contact them? YES NO

Landlord/Property Management: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

Move-In: \_\_\_\_\_ Move-Out: \_\_\_\_\_ May we contact them? YES NO

Landlord/Property Management: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.

# Employment Credentials

Previous Address: \_\_\_\_\_ Income: \_\_\_\_\_

Started: \_\_\_\_\_ Finished: \_\_\_\_\_ May we contact them? YES NO

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.

(If employed with the current employer for less than a year, please provide previous employer.)

Previous Address: \_\_\_\_\_ Income: \_\_\_\_\_

Started: \_\_\_\_\_ Finished: \_\_\_\_\_ May we contact them? YES NO

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.

If you have any comments: \_\_\_\_\_

\_\_\_\_\_

\*\*If you require parking space(s)

### Vehicle Details

Make/Model: \_\_\_\_\_ Year: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Plate Number: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_  
 Parking Spot: YES      NO

Make/Model: \_\_\_\_\_ Year: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Plate Number: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_  
 Parking Spot: YES      NO

### Tenant Insurance

Provider Name: \_\_\_\_\_ Year: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Insurance Policy #: \_\_\_\_\_ Coverage: \_\_\_\_\_

### Emergency Contact

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext.  
 Relationship: \_\_\_\_\_

### References

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext.  
 Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext.

**ALMOST DONE!**

# Criminal & Credit

## Background Check Authorization

If you have any comments about your history, please provide them below & we'll take them into consideration. **The Property Owner may also override application decline if criteria isn't met.**

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### Declaration of Accuracy & Authorization

I declare the information provided on these application forms to be accurate to the best of my knowledge/memory & have checked for error.

I give authorization to the Property Owner and/or Alpha Co. – Property Management to:  
**(1)** contact references;  
**(2)** previous employers & other people I named in this application possibly neglected an answer to; and  
**(3)** perform a credit & criminal check to assess my suitability as a tenant/lessee.

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**Primary Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**Secondary Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_