



## **NOTICE TO APPLICANTS RE: PROCESSING OF APPLICATION**

The following information is required to be able to process your application for Apartment # \_\_\_\_\_ at \_\_\_\_\_ in a quick and timely manner.

1. **LETTER OF EMPLOYMENT** – Please ensure that the letter states your length of employment, salary and position and is on company letterhead.
2. **BANK FORM** – We will supply you with this. Please take this form to your bank and have them fill it out and stamp it. The bank will complete this service for you free of charge. If you are retired, please supply copies of your statements i.e. bank, pension, old age, etc.
3. **TENANCY REFERENCE** – We will supply you with this. Please have your current landlord fill in the form and sign it.
4. **CERTIFIED CHEQUE/MONEY ORDER** – This is for your first and last month's rent. Please supply the above in the amount of \$ \_\_\_\_\_ made payable to **736923 ONTARIO LIMITED**.

We would like to thank you for visiting our Rental Office and look forward to welcoming you to our family and the community.

If you have any questions please feel free to contact us at 416-977-7781.

Thank you,

**736923 ONTARIO LIMITED**

**RENTAL APPLICATION** dated \_\_\_\_\_, \_\_\_\_\_

To: **736923 ONTARIO LTD.**  
**329 Spadina Avenue, Toronto, Ontario M5T 2E9**

1. APPLICANT(S)

Name _____	Name _____
Address _____	Address _____
Telephone _____ (home)	Telephone _____ (home)
_____ (work)	_____ (work)
_____ (cell)	_____ (cell)
E-mail _____@_____	E-mail _____@_____
Social Insurance No. _____	Social Insurance No. _____
Drivers' License No. _____	Drivers' License No. _____

2. RENTAL PREMISES APPLIED FOR:

Suite No. \_\_\_\_\_ Address: **223 Eglinton Avenue East, Toronto, Ontario**  
 Parking Privileges required for \_\_\_ private automobile(s): \_\_\_\_\_  
 Outside \_\_\_\_\_ Yr Make License Plate

NOTE: NO DOGS, CATS OR OTHER PETS OR ANIMALS ALLOWED IN LEASED PREMISES  
 \_\_\_\_\_ (applicants' signature(s) re: NO PETS)

3. PROPOSED OCCUPANT(S):

NAMES		DATE OF BIRTH	NAMES		DATE OF BIRTH

4. TERM

Commencement Date \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Occupancy Date: \_\_\_\_\_

5. RENTAL INFORMATION

Monthly rent \$ \_\_\_\_\_  
 Parking \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL RENTAL CHARGES \$ \_\_\_\_\_**

SERVICES & FACILITIES INCLUDED IN RENT

Electricity Y  
 Water N  
 Gas N  
 Water Heater Rental N  
 Cable TV N  
 Telephone/Internet N  
 Other \_\_\_\_\_

SUMMARY OF MONIES DUE

First month's rent \$ \_\_\_\_\_  
 Pro-rated rent \$ \_\_\_\_\_  
 Contract Deposit  
 (to be applied for last month of tenancy) \$ \_\_\_\_\_  
 Refundable deposit for key/card \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

6. APPLICANT(S) DECLARATION

- (1) I/We hereby certify the information provided above and on the reverse of this form (Applicant's Particulars) to be true.
- (2) I/We agree that 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, which I/We have been given opportunity to review, in which event the Contract Deposit shall be deemed to be a Rent Deposit and applied towards the rent of the last month's occupancy.
- (3) IF I/WE FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE CONTRACT DEPOSIT SHALL BE FORFEITED.

7. LANDLORD'S DISCLAIMER

If the Landlord is unable to give possession of the rented premises on the date of commencement of the term for any reason, the Landlord shall not be subject to any liability to the Applicants and shall give possession as soon as the Landlord is able to do so. The rent shall abate until possession of rented premises is offered by the Landlord to Tenants. Failure to give possession shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenants or in any way be construed to extend the term of this Tenancy Agreement. In the event that a Tenancy Agreement is entered into, this Rental Application will be deemed to form part thereof. Any omission or misstatement by the Applicants in this Rental Application may result in the termination of your tenancy by the Landlord even after occupancy has been taken.

8. APPLICANT'S PERMISSION

The Applicant hereby gives permission to the Landlord or his designate to use information collected herein to obtain a consumer report; to contract employers, previous landlords, references; to enforce terms of any Tenancy Agreement that may be subsequently entered into with the Applicant; or to reasonably use it otherwise to assess this Rental Application.

9. SIGNATURES

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant 1)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant 2)

ACCEPTANCE: The Landlord hereby accepts this Rental Application/Offer to Lease for the Rented Premises herein described

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Landlord / Agent)

APPLICANT'S PARTICULARS

Applicant 1

Applicant 2

Present Landlord Name		
Present Landlord Address		
Present Landlord Phone No.		
Years at Present Address		
Previous Address		
Years at Previous Address		
Name of Previous Landlord		
Address of Previous Landlord		
Previous Landlord Phone No.		
Employer's Name		
Employer's Address		
Employer's Phone No.		
Length of Employment		
Occupation		
Annual Income		
Previous Employer's Name		
Previous Employer's Phone No.		
Length of Employment		
Bank Account		
Bank Branch		
Account No./Type		
Other Income		
Other Assets		
Automobile – Make/Year/Colour		
Automobile – License Plate No.		

REFERENCES: Two personal (other than relatives) and one credit other than aforementioned Bank. Must be completed in full.

NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		

IN CASE OF EMERGENCY contact next of kin

NAME		
ADDRESS		
PHONE		
RELATIONSHIP		

What made you choose this accommodation? Print Ad \_\_\_ Renters' News \_\_\_ Building Sign \_\_\_ Internet Site \_\_\_  
Referral \_\_\_ Other \_\_\_

I/We certify that the above information is complete and correct

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant 1)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant 2)

Applying for Apartment # \_\_\_\_\_  
at 2231/2233 Eglinton Avenue East

## BANKING INFORMATION

(To Be Completed By the Bank)

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Customer's Name Bank's Name

to release the following information regarding my account(s) for rental purposes.

\_\_\_\_\_  
Customer's Signature

We hereby certify that the balance of account # \_\_\_\_\_  
opened on \_\_\_\_\_ in the name of \_\_\_\_\_ has a  
balance of \$ \_\_\_\_\_.

Type of Account

- Savings
- Chequing

Has there been any NSF cheques?

- No
- Yes

If yes, the number of NSF cheques on this account is \_\_\_\_\_

The above noted customer has a loan held by this bank in the amount of \$ \_\_\_\_\_  
with monthly payments of \$ \_\_\_\_\_.

Loan paid as agreed

- No
- Yes

\_\_\_\_\_  
BANK REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
BANK STAMP

\_\_\_\_\_  
BANK TELEPHONE #

329 Spadina Avenue  
2<sup>nd</sup> Floor  
Toronto, Ontario M5T 2E9  
Tel: (416)977-7781  
Fax: (416)977-3451

736923 Ontario Limited

**LANDLORD REFERENCE**

APPLICANT NAME(S): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

SUITE NUMBER: \_\_\_\_\_

CURRENT LANDLORD: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

**This Section for Office Use**

THE FOLLOWING INFORMATION IS TO BE OBTAINED BY THE RENTAL  
AGENT/SUPERINTENDENT.

NAME/POSITION OF LANDLORD REPRESENTATIVE CONTACTED: \_\_\_\_\_

Length of Tenancy? \_\_\_\_\_ Monthly Rental Amount: \_\_\_\_\_

Was the rent paid on time each month? YES \_\_\_\_\_ NO \_\_\_\_\_

Did this Tenant receive any Form N4's? YES \_\_\_\_\_ NO \_\_\_\_\_

Were there any returned cheques? YES \_\_\_\_\_ NO \_\_\_\_\_

Were they good tenants? YES \_\_\_\_\_ NO \_\_\_\_\_

Did they practice good housekeeping? YES \_\_\_\_\_ NO \_\_\_\_\_

Did they give proper Notice to Vacate? YES \_\_\_\_\_ NO \_\_\_\_\_

ANY COMMENTS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LANDLORD REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

**PLEASE FAX THIS FORM BACK TO 736923 ONTARIO LIMITED AT (416) 977-3451**

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