

APPLICATION TO RENT

Address of property to be rented: _____

Date premises required: _____ Number of occupants: Adults _____

Number and ages of any children under 18: _____

Any of the occupants smokers: No ___ Yes ___

If yes, would smoker(s) agree not to smoke inside? No ___ Yes ___

Pets to occupy property: NO ___ YES (Specify: _____)

	APPLICANT	CO-APPLICANT
First Name		
Initial		
Last Name		
SIN / SSN		
Date Of Birth (Year/Month/Day)		
Driver's License		
No. Of Years At Current Residence		
Street Number		
Street Name		
Street Type		
Unit		
City		
Province		
Postal Code		

Phone Number		
Cell Phone Number		
E-mail Address		
Present Monthly Rent / Mortgage Payment		
Reason For Leaving		
Name Of Present Landlord		
Phone Number Of Present Landlord		
Name Of Current Employer		
Occupation		
Date Of Hiring		
Average Salary Or Annual Income		
Phone Number Of Current Employer		
Name Of Previous Employer		
Length of Employment		
Phone Number of Previous Employer		

Credit references: (List bank, credit union or other credit references):

1. _____

2. _____

Personal reference:

(Name)

(Phone Number)

(Cell Phone Number)

(Relationship)

I (We) certify that the information provided in this application is correct and hereby authorize Locke Property Management to contact the references provided herein.

I (We) hereby authorize Locke Property Management to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

SIGNATURE OF WITNESS

This information is confidential and will not be released to anyone without the consent of the applicant and co-applicant.

**PLEASE FAX THIS APPLICATION TO 613-841-9329 OR
DELIVER TO 104-1803 ST-JOSEPH BLVD, ORLEANS AND
INCLUDE THE FOLLOWING:**

***LAST PAY STUB/LETTER OF EMPLOYMENT
PHOTO ID (e.g. driver's license)***