

680 Saginaw Parkway, Cambridge ON

| Suite #

| Monthly rent \$

| Possession date

**APPLICANT 1**

Name (first/middle/last) \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

SIN\* \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_

Present address \_\_\_\_\_

City/Prov/PC \_\_\_\_\_

How long? \_\_\_\_\_ Monthly rent \_\_\_\_\_

Present landlord's name \_\_\_\_\_

Address \_\_\_\_\_

City/Prov/PC \_\_\_\_\_ Phone \_\_\_\_\_

Previous address \_\_\_\_\_

How long? \_\_\_\_\_ Monthly rent \_\_\_\_\_

Previous landlord's name \_\_\_\_\_

Address \_\_\_\_\_

City/Prov/PC \_\_\_\_\_ Phone \_\_\_\_\_

Name of employer \_\_\_\_\_

Employer's contact \_\_\_\_\_

Phone \_\_\_\_\_

Your title/occupation \_\_\_\_\_

How long? \_\_\_\_\_ Present annual income \_\_\_\_\_

Previous employer \_\_\_\_\_

Contact \_\_\_\_\_

How long? \_\_\_\_\_

Personal reference \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT 2**

Name (first/middle/last) \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

SIN\* \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_

Present address \_\_\_\_\_

City/Prov/PC \_\_\_\_\_

How long? \_\_\_\_\_ Monthly rent \_\_\_\_\_

Present landlord's name \_\_\_\_\_

Address \_\_\_\_\_

City/Prov/PC \_\_\_\_\_ Phone \_\_\_\_\_

Previous address \_\_\_\_\_

How long? \_\_\_\_\_ Monthly rent \_\_\_\_\_

Previous landlord's name \_\_\_\_\_

Address \_\_\_\_\_

City/Prov/PC \_\_\_\_\_ Phone \_\_\_\_\_

Name of employer \_\_\_\_\_

Employer's contact \_\_\_\_\_

Phone \_\_\_\_\_

Your title/occupation \_\_\_\_\_

How long? \_\_\_\_\_ Present annual income \_\_\_\_\_

Previous employer \_\_\_\_\_

Contact \_\_\_\_\_

How long? \_\_\_\_\_

Personal reference \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Number of persons occupying suite \_\_\_\_\_

Name/s and age/s of occupant/s not on the lease: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of parking spaces required \_\_\_\_\_

Make/year of car \_\_\_\_\_ Plate # \_\_\_\_\_

2nd car: Make/year \_\_\_\_\_ Plate # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*\* Providing your Social Insurance Number is optional. Please note, however, that most credit reporting agencies use the Social Insurance Number as a unique identifier to ensure proper identification when conducting credit reviews and preparing credit reports. If you do not wish to provide your Social Insurance Number, Killam's ability to obtain a timely and accurate credit report may be affected, hence affecting our ability to complete your application.*

I understand that Pre-Authorized Payment (PAP) is REQUIRED upon signing of the lease. (initials required) \_\_\_\_\_

Proof of Tenant Liability Insurance must be produced before keys are issued. (initials required) \_\_\_\_\_

I enclose herewith the total sum of \$ \_\_\_\_\_ being a holding deposit for the above named suite. If the offer is declined, the total amount without interest will be returned. Should I not sign the lease or accept occupancy on the above stated possession date, you are hereby authorized to rent the premises to someone else and the holding deposit paid herewith shall be retained by Killam Properties Inc. as liquidated damages. Upon executing the lease, the holding deposit will be retained as a security deposit which will be refunded at the termination of the lease provided that all covenants of the lease agreement have been adhered to and that the suite is left in a proper state of cleanliness and repair.

I/We, hereby give Permission to the Landlord or their agent(s) to obtain at any time a consumer/credit report about me, to contact previous landlords to obtain information about my previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this Rental Application, or for any renewal or associated tenancy issue.

I further acknowledge that Killam Properties Inc. will disclose, use and collect my personal information in accordance with Killam Properties Inc. Privacy Policy which I have been provided. I hereby offer to lease from Killam Properties Inc. the suite referred to above as the terms stated and if accepted, undertake to execute a lease in the standard form used by the landlord for the building. I represent that the information provided in this application is true and correct and authorize you to obtain a credit report.

Date \_\_\_\_\_ Applicant #1 Print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Applicant #2 Print name \_\_\_\_\_ Signature \_\_\_\_\_