



## APPLICATION FORM

**RENTAL PROPERTY ADDRESS:**

\_\_\_\_\_  
Street Address

RENT: \_\_\_\_\_

- Frequency: [Monthly]

\_\_\_\_\_  
City/Area Province Postal Code

DEPOSIT: Last month's rent

Move-In Date: \_\_\_\_\_

\_\_\_\_\_  
Unit & Room Details

<p>APPLICANT CANDIDATE # 1</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.</p> <p>Full Legal Name: (mandatory)</p> <hr/> <p>Date of Birth: _____ / _____ / _____ (mandatory) (Day) (Month) (Year)</p> <p>Social Insurance Number: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>Do you have a guarantor? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Total number of residents: _____</p> <p>How many residents are dependant: _____</p> <p>Age of Dependants: _____</p>	<p>APPLICANT CANDIDATE # 2</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.</p> <p>Full Legal Name: (mandatory)</p> <hr/> <p>Date of Birth: _____ / _____ / _____ (mandatory) (Day) (Month) (Year)</p> <p>Social Insurance Number: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>Do you have a guarantor? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Family Pets: _____ (Type / Breed / # / Size)</p>
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Questions?  
Phone: 613-869-6578  
Office@LarocquePM.com

SUBMIT YOUR APPLICATION BY:  
**Email:** Office@LarocquePM.com  
**OR BY Text:** 343-961-9073



## SOURCE OF INCOME

Applicant #1	Applicant #2
EMPLOYMENT & SOURCE OF INCOME	EMPLOYMENT & SOURCE OF INCOME
Employer: _____ (or other source of income)	Employer: _____ (or other source of income)
Mgt. Name: _____ (employment reference)	Mgt. Name: _____ (employment reference)
Address: _____ _____	Address: _____ _____
Contact Info: _____ (Employer Reference)	Contact Info: _____ (Employer Reference)
<input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time
Position/title: _____	Position/title: _____
Length of employment: _____	Length of employment: _____
Years of experience in same industry: _____	Years of experience in same industry: _____
Salary/Income: _____	Salary/Income: _____

## PROOF OF INCOME

*(please attach to application)*

Pay Stub (not older than 30 days)       Letter of Employment  
 NOA (tax return – most recent year)       Other (please specify) \_\_\_\_\_



**ADDRESS [Present & Previous]**

Present Address: _____	[ ] Previous Address <b>OR</b> [ ] Applicant #2
Street _____	Street _____
City _____ Province _____ Postal Code _____	City _____ Province _____ Postal Code _____
[ ] Tenant / [ ] Occupant	[ ] Tenant / [ ] Occupant
Length of Time: _____	Length of Time: _____
Landlord Name: _____	Landlord Name: _____
Telephone Number: _____	Telephone Number: _____
Contact Person: _____	Contact Person: _____
Rent Amount: _____	Rent Amount: _____

I (applicant) HERBY SUBMIT THIS APPLICATION TO LEASE:

Signed at \_\_\_\_\_, This \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(my location) (Day) (Month) (Year)

**Following The Conditions Within This Application Listed Below:**

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

**APPLICATION CONDITIONS**

**BY SIGNING THIS APPLICATION TO LEASE, I UNDERSTAND AND CONFIRM THAT:**

- All information provided above is true to the best of my knowledge and recollection.
- The last month rent deposit is non-refundable should the tenant ultimately not take possession of the unit for any reasons after leased (Signed Residential Agreement and Deposit processed/received).
- I consent for the Landlord and/or Agent to contact my references, employer and other as needed during the time of this APPLICATION to determine my eligibility for tenancy in regards to the rental property herein.
- I accept and authorize Larocque Property Management to submit or request a CREDIT CHECK with the CREDIT BUREAU upon submission of this APPLICATION for lease.

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