



APPLICATION FORM

RENTAL PROPERTY ADDRESS: _____
Street Address

RENT: _____
- Frequency: [Monthly] _____
City/Area Province Postal Code

Move-In Date: _____

Unit & Room Details

<p>APPLICANT CANDIDATE # 1 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other</p> <p>Full Legal Name: _____ (mandatory)</p> <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>Family Pets: _____ (Type / Breed / # / Size)</p> <p>Is your pet registered with the City (by-law)</p>	<p>APPLICANT CANDIDATE # 2 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other</p> <p>Full Legal Name: _____ (mandatory)</p> <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>
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SOURCE OF INCOME

<u>Applicant #1</u>	<u>Applicant #2</u>
EMPLOYMENT & SOURCE OF INCOME	EMPLOYMENT & SOURCE OF INCOME
Employer: _____ (or other source of income)	Employer: _____ (or other source of income)
Position/title: _____	Position/title: _____
<input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time / <input type="checkbox"/> Part Time
Mgt. Name: _____ (employment reference)	Mgt. Name: _____ (employment reference)
Address: _____	Address: _____
Contact Info: _____	Contact Info: _____
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 one or more of the following document to your application)

Pay Stub (not older than 30 days) Letter of Employment

NOA (tax return – recent year)

Other (please specify) _____



ADDRESS [Present & Previous]

Present Address: _____	<input type="checkbox"/> Previous Address <u>OR</u> <input type="checkbox"/> Applicant #2
_____ Street Address	_____ Street Address
_____ City Province Postal Code <input type="checkbox"/> Tenant / <input type="checkbox"/> Occupant / <input type="checkbox"/> Owner	_____ City Province Postal Code <input type="checkbox"/> Tenant / <input type="checkbox"/> Occupant / <input type="checkbox"/> Owner
Length of Time: _____	Length of Time: _____
Landlord Name: _____	Landlord Name: _____
Telephone Number: _____	Telephone Number: _____
Rent Amount: _____	Rent Amount: _____

I (applicant) HERBY SUBMIT THIS APPLICATION TO LEASE:

Signed at _____, This _____, _____, _____
(location) (Day) (Month) (Year)

Applicant(s) Signature(s): _____

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.

Questions?
 Phone: (866) 515-4907
 Office@LarocquePM.com

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