Bodewell

Rental Application

PLEASE FILL OUT ONE APPLICATION PER INTENDED OCCUPANT

PROPERTY ADDRESS

MOVE-IN DATE

APPLICANT INFORMATION

NAME:

PHONE NUMBER: | EMAIL:

DATE OF BIRTH: | SIN: (OPTIONAL)

CURRENT ADDRESS:

DO YOU RENT OR OWN AT YOUR CURRENT ADDRESS? ☐ RENT ☐ OWN

MONTHLY RENT ($): | HOW LONG HAVE YOU LIVED THERE:

PLEASE STATE WHY YOU ARE LEAVING YOUR CURRENT ADDRESS:

LANDLORD NAME: | PHONE:

PREVIOUS ADDRESS:

DID YOU RENT OR OWN AT YOUR PREVIOUS ADDRESS? ☐ RENT ☐ OWN

MONTHLY RENT($): | HOW LONG DID YOU LIVE THERE:

PLEASE STATE WHY YOU LEFT YOUR PREVIOUS ADDRESS:

PREVIOUS LANDLORD NAME: | PHONE:

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

ADDRESS:

PHONE: | POSITION:

HOW LONG HAVE YOU WORKED THERE : | ANNUAL INCOME ($):

(PLEASE LIST WHO WILL BE LIVING WITH YOU IN THE HOME)

NAME: | PHONE:

NAME: | PHONE:

NAME: | PHONE:

DO YOU OWN ANY PETS ☐ YES ☐ NO BREED/TYPE/WEIGHT:

EMERGENCY CONTACT: | PHONE:

CHARACTER REFERENCE (NO FAMILY): | PHONE:

SIGNATURE OF APPLICANT

DATE

I declare that the information contained in this application is complete, accurate and truthful. I authorize the verification of the information provided on this form including credit and reference checks. I understand that the information collected in this application will be kept strictly confidential and used only to evaluate suitability as a tenant. I understand that this information may be used for purposes of responding to emergencies, ensuring the orderly management of the tenancy, complying with legal requirements and for collection purposes should rent monies be outstanding be left owing or rental property damaged at termination of lease or end of tenancy.