

## Hope Street Real Estate Corp Agent: \_\_\_\_\_|c: \_\_\_\_|f: \_\_\_\_|e: \_\_\_\_

INSTRUCTIONS: P	lease complete all sections on	both pages. Please	e print all info	rmation. Mark "N	N/A" in any blank	s that do not ap	ply.	
Size Required: □Bachelor □1 Bedroom □2 Bedroom □3 Bedroom □4 Bedro				oom Pets: □None □Cat □Dog □Other#				
Building Address	Jnit #	Rental Rate		Date F	Date Required			
		PERSONAL INF	ORMATION					
Applicant's Full Name				H Phone #				
	I. Middle Initial I	C		W Phone #				
First Name SIN / DL/ Passport	Middle Initial     Date of Birth	Surname		Email:				
			Marital Sta	tus: □Single □	☐Married ☐Div	orced □Comm	on Law	
Co-Applicant's Full Name	•	•		H Phone # W Phone #				
First Name	Middle Initial	Surname		Email	+			
SIN / DL/ Passport	Date of Birth		Marital Sta	tus: □Single □	☐Married ☐Div	orced □Comm	on Law	
Other Residents (Include Childre	en)		Relations			Age		
1.	G11)		TCIALIONS	ı iib		Age		
2.								
3.								
		RESIDENTIAL						
Present Address				low long there		Rent amount		
Landlord	Phone #	Reason	leaving					
Previous Address				low long there		Rent amount		
Landlord	Phone #	Reason	leaving					
Dravious Address				low long thoro		Dant amount		
Previous Address			ľ	low long there		Rent amount		
Landlord	Phone #	Reason	leaving					
		EMPLOYMENT	LUCTORY					
Applicant's Employment Histor	<b></b>	EMPLOYMENT	HISTORY					
Status: □Full Time □Part Time		nployed □Other						
Employer			☐ Current	Length of				
Employers Address			☐ Previous	Employme	nt			
Employers Address								
Supervisor/Caseworker			Phone #		Inco	Income		
Co Applicantle Employment III	inton							
Co-Applicant's Employment Hi Status: □Full Time □Part Time		nployed □Other						
Employer		, ., =	□ Current	Length of				
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Employers Address								
Supervisor/Caseworker			Phone #		Inco	ome		
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application. It is also understood that the property management and/or owner reserve the right to reject this application. I have read and understand these conditions.    Applicant Signature   Date   Co-Applicant Signature   Date	LOANS													
2. 3. AUTOMOBILES  Make / Model Year / Color License Plate Number Province  1. 2. OTHER INFORMATION  In Case of Emergency Contact Address Relationship  I. hereby certify that the above information is true and complete and that I have not withheld any information relevant to this application. It is also understood that the property management and/or owner reserve the right to reject this application. I have read and understand these conditions.  Applicant Signature Date Co-Applicant Signature Date  I/we know that I/we have the right to verify the information about me/us held by credit reporting agencies, that the landlord and its agents are entitled to rely on such credit reports as being correct, and I/we release any claim I/we may have arising from reliance on that information. I we hereby give irrevocable permission to the Landlord or its agents to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information renewal of my/our reterancy. I/we provide my/our irrevocable consent to the Landlord or their agencies that provide landlord information to renewal of my/our treanacy. I/we provide my/our irrevocable consent to the Landlord or their agents to disclose information from my rental application and information ansing from any tenancy between us to any third party for the purpose of contributing information to a database of tenant information to be used in providing consumer/credit reports.  Applicant Signature Date Co-Applicant Signature Date  FOR OFFICE USE ONLY  REFERENCE VERIFICATION DEPOSITS    Present Address   DAPPOVED   DATA Approved   DATA	Institution		Address			Monthly Payment	Balance							
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AUTOMOBILES    Make / Model   Year / Color   License Plate Number   Province	2													
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