



**NOTE TO LANDLORD:** If pages one and two are separated, enter the Applicant's name(s) and date of application below

First Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

<b>H. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION</b>			
Secondary Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:		Photo ID Shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present Landlord/Building Manager's Name	Address		Phone No.
Previous Landlord/Building Manager's Name	Address		Phone No.
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone No.		Length of employment
Previous Employer	Position		Monthly Income
Previous Supervisor's Name	Previous Supervisor's Phone No.		Length of employment
Vehicle Make	Model	Colour	License Number
Second Vehicle Make	Model	Colour	License Number
<b>Please give the name of a business or personal reference:</b>			
Name	Address		Phone No.
<b>Please give the name of next of kin, doctor or other person for emergency contact purposes:</b>			
Name	Address		Phone No.
Name	Address		Phone No.

<b>I. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete only where different from First Applicant)</b>			
Secondary Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:		Photo ID Shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present Landlord/Building Manager's Name	Address		Phone No.
Previous Landlord/Building Manager's Name	Address		Phone No.
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone No.		Length of employment
Previous Employer	Position		Monthly Income
Previous Supervisor's Name	Previous Supervisor's Phone No.		Length of employment
Vehicle Make	Model	Colour	License Number
Second Vehicle Make	Model	Colour	License Number
<b>Please give the name of a business or personal reference:</b>			
Name	Address		Phone No.
<b>Please give the name of next of kin, doctor or other person for emergency contact purposes:</b>			
Name	Address		Phone No.
Name	Address		Phone No.

<b>J. OTHER ADULT OCCUPANTS</b> - Full names of all other adult persons (age 19 or older) to occupy this rental unit					
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name

<b>K. OTHER MINOR OCCUPANTS</b> - Full names of all other persons under age 19 (including infants) to occupy this rental unit					
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name

**NOTES TO APPLICANT(S)**

1. Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.
2. The information you provided on this pages continues as part of your Application for tenancy. Your signature on the 1st page confirms all information on both pages is true and correct.