

Rental Application Form

Carol Hammer

c/o Keller Williams Golden Triangle Realty : Suite 9 - 871 Victoria St. N. Kitchener, Ont. N2B 3S4.

Phone: 519-572-8088 Fax: 519-772-3760 Email: carolh@golden.net

Applicant's Name:	
Current Phone: (H)	Cell:
Email Address:	

Address Applying for:	Room #
------------------------------	---------------

Current Address:
Landlord's Name:
Landlord's Phone:
Institution Attending:
Program:
Year Entering:
Are you a co-op?
Student ID:
Birth date:
Parent/Guardian's Name:
Home Address:
Home Phone #
Employer:
Business Fax #

References: _____

I hereby apply for the rental premises as indicated on this application form. I understand that by signing this application, a binding offer to rent or lease is created and in the event that the Landlord accepts and I withdraw or cancel, I understand my deposit will be forfeited and I will be bound to the terms of this application, making me liable for any loss of income incurred by the landlord as a result of my cancellation. If accepted, I agree to sign a lease and/or written tenancy agreement. I understand that a credit, reference and other relevant investigation will be undertaken to determine my rental, financial history and my ability to pay rent. My signature below confirms that I agree to allow references to disclose any pertinent information about me.

Applicant's Signature _____ **Date** _____

Office Use Only:		
Deposit Rec'd	Date Rec'd	Cheque#/Cash
Date Lease Picked Up		
Date Lease Returned:		
Post Dated Cheques Rec'd		
Jan.	May	Sept
Feb.	June	Oct.
Mar	July	Nov.
April	Aug	Dec.
Parking	Car Make	Color
		Lic.Other: