

Please complete and email to Rentals@ApartmentDatabase.ca or fax to (613) 742-7000. Thank you.

PERSONAL INFORMATION				
First Name:		Middle Name(s):		Last Name:
				Date of Birth: <i>day / month / year</i>
Home/Mobile Phone No.: () -		Work Phone Number: () -		E-mail Address:
Preferred Occupancy Date: <i>day / month / year</i>		How did you learn about this rental unit? <input type="checkbox"/> Ottawa Citizen <input type="checkbox"/> Kijiji <input type="checkbox"/> For Rent Sign at _____ <input type="checkbox"/> Ottawa Sun <input type="checkbox"/> Craigslist <input type="checkbox"/> Other (Specify) _____		
Vehicle Year:	Vehicle Make:	Vehicle Model:	License Plate No. & Province:	Social Insurance Number:
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution/School:		Program/Course:	
Marital Status: <input type="checkbox"/> Single, <input type="checkbox"/> Common Law, <input type="checkbox"/> Married, <input type="checkbox"/> Separated, <input type="checkbox"/> Divorced, <input type="checkbox"/> Widowed		Child(ren)'s Age(s):		Pet(s): Type & Number: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Smoker: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Vacated without due notice: <input type="checkbox"/> Yes <input type="checkbox"/> No		Evicted from premises: <input type="checkbox"/> Yes <input type="checkbox"/> No		Waterbed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Delinquent in paying rent: <input type="checkbox"/> Yes <input type="checkbox"/> No		Convicted of crime: <input type="checkbox"/> Yes <input type="checkbox"/> No		Filed for bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRESENT & PAST ADDRESSES				
Present Address:		Occupancy Date Range: <i>month / year</i> to today		Own or Rent? Rent/Mortgage Amount: \$ / month
Landlord's Name:	Landlord's Postal & Email Addresses:	Landlord's Phone Number: () -		Reason(s) for Leaving:
Previous Address:		Occupancy Date Range: <i>month / year</i> to <i>month / year</i>		Own or Rent? Rent/Mortgage Amount: \$ / month
Landlord's Name:	Landlord's Postal & Email Addresses:	Landlord's Phone Number: () -		Reason(s) for Leaving:
Previous Address:		Occupancy Date Range: <i>month / year</i> to <i>month / year</i>		Own or Rent? Rent/Mortgage Amount: \$ / month
Landlord's Name:	Landlord's Postal & Email Addresses:	Landlord's Phone Number: () -		Reason(s) for Leaving:

EMPLOYMENT & FINANCES			
Current Employer:		Supervisor's Name:	
Current Employer's Address:		Supervisor's Phone Number/E-mail Address:	
Your Position/Title:	Monthly Gross Salary: <input type="checkbox"/> \$0 - \$500 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,000 - \$1,500 <input type="checkbox"/> \$2,000 - _____ <i>specify →</i>	Date Range Employed: <i>month / year</i> to today	Working Hours: <input type="checkbox"/> weekdays <input type="checkbox"/> days <input type="checkbox"/> weekends <input type="checkbox"/> evenings <input type="checkbox"/> shift work <input type="checkbox"/> nights
Previous Employer:		Supervisor's Name:	
Your Position/Title:	Monthly Gross Salary: <input type="checkbox"/> \$0 - \$500 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,000 - \$1,500 <input type="checkbox"/> \$2,000 - _____ <i>specify →</i>	Date Range Employed: <i>month / year</i> to <i>month / year</i>	Reason(s) for Leaving:
Previous Employer:		Supervisor's Name:	
Your Position/Title:	Monthly Gross Salary: <input type="checkbox"/> \$0 - \$500 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,000 - \$1,500 <input type="checkbox"/> \$2,000 - _____ <i>specify →</i>	Date Range Employed: <i>month / year</i> to <i>month / year</i>	Reason(s) for Leaving:
Monthly Income (all included): <input type="checkbox"/> \$0 - \$500 <input type="checkbox"/> \$1,000 - \$1,500 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,500 - \$2,000 <input type="checkbox"/> \$500 - \$1,000 <i>specify max →</i> <input type="checkbox"/> \$2,000 - _____		Monthly Expenses (rent included): <input type="checkbox"/> \$0 - \$500 <input type="checkbox"/> \$1,000 - \$1,500 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,500 - \$2,000 <input type="checkbox"/> \$500 - \$1,000 <i>specify max →</i> <input type="checkbox"/> \$2,000 - _____	

CO-APPLICANTS, ROOMMATES, CHILDREN & DEPENDENTS (Anyone who would be residing with you.)		
Full Name:	Date of Birth: <i>day / month / year</i>	Relationship:
Full Name:	Date of Birth: <i>day / month / year</i>	Relationship:
Full Name:	Date of Birth: <i>day / month / year</i>	Relationship:
Full Name:	Date of Birth: <i>day / month / year</i>	Relationship:

EMERGENCY CONTACT			
Full Name:	E-mail Address:	Telephone Number: () -	Relationship:

The applicant represents, certifies and warrants that all of the above information is true and complete, and hereby authorises the verification of the above information with credit/criminal checks, etc. The applicant acknowledges that false and/or incomplete information herein constitutes grounds for the rejection of this application, the loss of the applicant's deposit and the cancellation of any related agreements and/or contracts. The applicant agrees to forfeit deposit if written intent-to-rent but lease not signed.

Signature of Applicant: _____ Date: _____