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## **Sublet Information Form**

## Instructions

1. Please print clearly and provide all information

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2. You must attach two copies of the sublet's photo ID to this form

Original Tenant's Name:								
Name of Sublet:								
Driver's License:								
SIN / Passport Number:								
Date of Birth (YYYY/MM/DD):								
Email Address:								
Home Phone Number:	Cell P	Cell Phone Number:						
Student ID Number:	Co-Op	Co-Op Program:			YES NO			
University (Circle One): UW	WLU	Current Year:	1	2	3	4	5	Grad
Permanent Home Address:								
(Address)	(City)		(Province)				(Pos	tal Code)
Location Applied For:								
				_ Wate	rloo, Ont	ario		
(Unit No.) (Room No.)	(Room No.) (Address)						(Pos	tal Code)
***Please Note That the Original	Tenant is Respor	nsible for Rent Du	е То Та	x Purpose	es***			
Period of Subletting: From: _	То	To:						
Can you provide references from p	orevious Landlord	ds? YES	NO					
If YES, provide the name and phone			NO, exp	olain why y	ou are un	able to pi	ovide or	ne below:
1.								
(Name)			(Telephone)					
To process this rental sublet application, the Land be required and used to correctly locate and esta the process of approving your sublet application to	blish your credit history	. By signing below, you co						
I certify that all information made	in this applicatio	n is complete, tru	e and a	ccurate to	the best	of my kn	owledge	2.
Tenant's Signature:		Date:						
Applicant's Signature		Date <sup>.</sup>						

