

Rental Application Residential



Form 410 for use in the Province of Ontario

I/We hereby make a	application to rent 959 Bloor Stre	et W #3					
		20. 23 at a monthly rental of \$ 2050					
to become due and	payable in advance on the	day of each and every month during	my tenancy.				
1. Name Ky	Patterson	Date of birth 1981-09-14 SIN No.	irth 1981-09-14 SIN No. (Optional)				
Drivers License	Drivers License No						
2. Name	Name						
Drivers License	No	Occupation					
3. Other Occup	oants: Name	Relationship	Age				
	Name	Relationship	Age				
	Name	Relationship	Age				
Do you have a	iny pets? .NO						
Why are you v	vacating your present place of residence? .	End of personal relationship					
LAST TWO PLACE	es of residence**at which I w	as on the lease					
Address 385 J	Jane St Upper Front	Address 32 Nelles Ave	е				
Toronto, O	ntario M6S 3Z3	Toronto, Ontario Mo	Toronto, Ontario M6S 1T7				
From March 2	2020 _{To} March 202		To March 2020				
Name of Landlord .	LandLord.net	Name of Landlord LandLo	Name of Landlord LandLord.net				
Telephone: 416	-462-3800	Telephone: 416-462-38	Telephone: 416-462-3800				
PRESENT EMPLO	YMENT	PRIOR EMPLOYMENT					
Employer Klick	k Health	Morvren-Achronos	Morvren-Achronos (self-employed partnership				
Business address	175 Bloor St E ste 300N	, 302-75 Huron Hei	_L 302-75 Huron Heights Dr, Newmarket L3Y 5V				
Business telephone .	https://www.klick.com/c	ontact myself: 437-990-0	myself: 437-990-0378				
Position heldTed	chnical Architect	, Co-Founder	, Co-Founder				
Length of employme	3 years, 10 months	_L 3 years	_L 3 years				
	Lawrence Li	ı n/a	ı n/a				
	e: Monthly \$ 10,000						

SPOUSE'S PRESENT EMPLOY	MENT	PRIOR EMPLO	DYMENT	
_{Employer} n/a		L		
Business address		I		
Business telephone		I		
Position held		L		
Length of employment		L		
Name of supervisor		I		
Current salary range: Monthly \$				
Name of Bank	Branch .	Address	i	
Chequing Account #		Savings Accou	nt #	
FINANCIAL OBLIGATIONS				
Payments to			Amouni	t: \$
Payments to				
PERSONAL REFERENCES				
Name Rashed Ahmad	Address	rahmad@klick.cor	n	
Telephone: 647-825-665		vaintance 13 years		
Name Michael Pritcha		punkabillymick@h		
Telephone: 416-884-70		uaintance 29 years		
AUTOMOBILE(S)		•		
Make none	Model	Year	licence No	
Make				
Widke	Model	rear	Licence No	
The Applicant consents to the coll- time to time, for the purpose of de or making such other use of the pe	termining the creditworthin	ess of the Applicant for the leasi	ng, selling or financing of the p	
The Applicant represents that all containing credit and/or persof the information contained in this the event that this application is no	sonal information may application and information	be referred to in connection obtained from personal refere	n with this rental. The Applicances. This application is not a Ro	ant authorizes the verification
V9	Sep	24/2023		
Signature of Applicant 437-990-03	Date	Signature of App	licant	Date
Telephone: 437-990-03		Telephone:		

ky@achronos.ca