

RENTAL APPLICATION - RESIDENTIAL

Please send this rental application once completed to azure@apollomgt.com

PROPERTY:	UNIT	NO.: TYPE:
OCCUPANCY DATE DESIR	RED:	NUMBER OF OCCUPANTS:
APPLICANT: Mr. Miss	s Mrs. Ms. (circle/clic	ck whichever applies)
Name:		Date of Birth (YEAR/MM/DD/):
Present Address:	City_	ProvincePostal
Phone:	Years at Address	s Monthly Rent/Mortgage
Present landlord name and p	ohone number:	
Previous Address:		CityProvince
Years at Address	_ Monthly Rent/Mortgage	
Employer's Name & Address	x:	
Present Position:		Bus. Phone:
Years in Present Employmen	nt:	Annual Income:
Additional Income:	Source	0:
Social Insurance Number:		Email:
CO-APPLICANT: Mr.	Mrs. Miss Ms. (circle	ele whichever applies)
Name:		Date of Birth (YEAR/MM/DD):
Present Address:	City_	ProvincePostal
Home Phone:	Years at Addres	ss Monthly Rent/Mortgage
Present landlord name and p	ohone number:	
Previous Address:		CityProvince
Years at Address	Monthly Rent/Mortgage_	
Employer's Name & Address	3:	
Present Position:		Bus. Phone:
Years in Present Employmen	nt:	Annual Income:
Additional Income:	Source	e:
Social Insurance Number:		Email:
TO CONTACT IN CASE OF	FEMERGENCY:	
Name:	Address:	Phone:
offer to lease, shall be forfeited to	o the Landlord if the applicant(s se the deposit shall be applied	d to the Landlord upon the making of this application as withdrawl(s) this application and offer to lease. If the to the last month's rent, if the Landlord does not accept to the applicant(s).
	responsibility. I/We also warran	ue and correct and I/We understand clearly that it is beint that the previous landlord(s) may be contacted and make history reference.
APPLICANT		CO-APPLICANT
DATE		RENTAL AGENT

