



Property Management Division
Jessie Wyatt

APPLICATION TO RENT

(PLEASE PRINT YOUR INFORMATION)

Date: _____

Address of premises to be rented: _____

Occupancy Date: _____ Lease Length () 6 six months () 1 one year Other: _____

APPLICANT CONTACT INFORMATION

*Please provide copy of government issued ID for each applicant.

Applicant's Legal Name: _____

Applicant's Preferred Name: _____ Date of Birth: _____

Applicant's Driver's License Number: _____ Prov/Territory issued _____

Applicant's Email _____ Phone # _____

Co-Applicant's Legal Name: _____

Co-Applicant's Preferred Name: _____ Date of Birth: _____

Co-Applicant's Driver's License Number: _____ Prov/Territory issued _____

Co-Applicant's Email _____ Phone # _____

VEHICLE INFORMATION

Make/Model of vehicle: _____ Year: _____ Plate: _____ Colour _____

Make/Model of vehicle: _____ Year: _____ Plate: _____ Colour _____

REFERENCES

Applicant's Present Residence _____

Rent or Own _____ If own, reason for rental _____

Name of current landlord: _____ Landlord phone number: _____

required

required

References:

Name: _____ Phone #: _____ Relationship: _____

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OCCUPANT DETAILS

Number of adults (over 18) to occupy residence: _____ Number of children under age 18 _____

Ages of children: _____ - _____ - _____ - _____ - _____ - _____ Total number occupants: _____

I understand that: (x) **Smoking is not permitted** (x) **Pets are permitted subject to pet approval**

PET INFORMATION

*Photo required of each animal

Number of pets (please print breed of pet) to occupy residence _____

Description / Breed _____ Size / Weight _____

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EMPLOYMENT INFORMATION (Please include 2 recent pay-stubs for each applicant)

Applicant is employed by: _____

Occupation: _____ Net Monthly Income _____

Supervisor's Name: _____ Supervisor's Phone number _____

Co- Applicant is employed by: _____

Occupation: _____ Net Monthly Income _____

Supervisor's Name: _____ Supervisor's Phone number _____

EMERGENCY CONTACT

In case of emergency please contact:

Name: _____ Relationship: _____

Contact numbers : _____

Application can be dropped off at our office located at Coldwell Banker United 9905 Sutherland Street. Office hours are Monday - Friday 8:30 - 5:00pm or sent via email to admin@ymmpropertyrentals.ca once completed.

Signature: _____ Date: _____

Signature: _____ Date: _____

The applicant declares all above statements to be true and accurate. This information is confidential and will not be released to anyone without the consent of the applicant.