

**NO DOGS, CATS OR
OTHER PETS ALLOWED
NO SATELLITE DISHES ALLOWED**

**ASTROID MANAGEMENT LTD.
RENTAL APPLICATION**

**\$40.00
CHARGE IF CHEQUE IS
RETURNED FOR ANY REASON**

DATE _____ EMAIL ADDRESS: _____

1. TENANT'S NAME (PRINT): _____ PHONE #: _____

SIN #: _____ D/L #: _____ BIRTHDATE: _____

2. CO-TENANT'S NAME (PRINT): _____ PHONE #: _____

SIN #: _____ D/L #: _____ BIRTHDATE: _____

3. NO. OF CHILDREN: _____ AGES: _____ OTHER ADULT OCCUPANTS: _____ TOTAL OCCUPANTS: _____

4a. PRESENT ADDRESS: _____ POSTAL CODE: _____ HOW LONG: _____

4b. PRESENT LANDLORD OR MTGEE.: _____ PHONE #: _____

4c. RENT PAID AT: 4a \$ _____ /MONTH AND 5a \$ _____ /MONTH

5a. PREVIOUS ADDRESS: _____ HOW LONG: _____

5b. PREVIOUS LANDLORD OR MTGEE.: _____ PHONE #: _____

6. EMPLOYER, OR SOURCE AND LEVEL OF INCOME: If you are employed, please list your employers for the past two years, beginning with the most recent; OR, if unemployed list your source(s) of income. Use the back of this page if additional space is required. (List Co-Tenant on Back)

Employer or Source of Income (Current)	Address or Caseworker Name & File #	Phone #	Length of Employment	Monthly Income

7. NAME OF 2 PEOPLE TO CONTACT IN CASE OF EMERGENCY

a) _____
Name & Address _____ Phone _____ Relationship _____

b) _____
Name & Address _____ Phone _____ Relationship _____

REQUIRE 2 YEAR RESIDENCE AND EMPLOYMENT RECORD IF YOU HAVE NO PREVIOUS RENTAL HISTORY, OR ARE UNDER THE AGE OF MAJORITY, YOU MAY BE REQUIRED TO PROVIDE A CO-SIGNER AT ASTROID MANAGEMENT REQUEST

Have you any unpaid judgements outstanding against you or your spouse at this time? YES _____ NO _____

Have you ever been evicted from, or asked to leave any previous accommodation? YES _____ NO _____

Did you leave any previous accommodation owing rent, utilities or damages? YES _____ NO _____

If you wish to explain, please use the back of this form.

I understand that misrepresentation or omission of facts requested is cause for rejection of application or termination of lease.

BUILDING ADDRESS: _____ SUITE #: _____

MONTHLY RENTAL : \$ _____ PKG STALL #: _____ PARKING AMT: \$ _____

MAKE & COLOR OF AUTO: _____ AUTO LIC. #: _____

SECURITY DEPOSIT: \$ _____
CHEQ CASH M.O. ISSUED BY: _____

DATE OF POSSESSION: _____ LEASE TERM EXPIRES: _____ (Anniv. Date)

THIS APPLICATION MUST BE ACCOMPANIED BY A SECURITY DEPOSIT

The acceptance of a security deposit does not mean that your application to rent has been approved. An approval can only be made by an administrator of Astroid Management's corporate office.

IF TENANT VACATES SUITE BEFORE LEASE EXPIRY DATE, THEY ARE RESPONSIBLE FOR RENT UNTIL SUITE IS RERENTED/ ASSIGNED. A \$75.00 ASSIGNMENT FEE WILL ALSO BE CHARGED IF A TENANT VACATES BEFORE EXPIRY DATE.

How did you hear about the suite:
Newspaper _____ Renter's Guide _____ Exterior Sign _____ Internet _____ Other _____

CONSENT: I (We) authorize Astroid Management to obtain such factual and investigative information regarding me (us) as may deem necessary for its purpose and consent to it making inquiries of others to enforce its rights, or the rights of a property owner, under any tenancy agreement including for the collection of a debt owed by you. Astroid Management will obtain your personal information, in confidence, until a reasonable period of time of your tenancy (if approved) has ended. By signing below, you consent to the use of your personal information and you authorize the disclosure by/to third parties, including any of your prior landlords, of your credit information, and your rental history to Astroid Management.

1) APPLICANT'S SIGNATURE _____ DATE _____

2) CO-TENANT'S SIGNATURE _____ DATE _____