RENTAL APPLICATION

Applicant Information:

Full name: Gender:

Email : Phone :

School Attending : Current Year :

Current Address :

City : Province : Country : Postcode :

How long been in present address:

1. Do you smoke? Yes ◯ No ◯ Cigarette ☐ Cannabis ☐ Other
2. Do you need a parking spot? Yes ◯ No ◯
3. Do you have or plan to have pet(s) during the stay? Yes ◯ No ◯

Notes: Tenant agrees that the above email address will be used to receive notices and documents, where allowed by the Landlord and Tenant Board's Rules of Procedure.

Desired Move-in Date: **Lease term:** year(s)

Persons/Guarantors to Contact in Case of Emergency:

Name : Relationship :

Email : Phone number :

Address :