

PROPERTY WM. SQUIBB & DAUGHTERS LTD. MANAGEMENT

RENTAL APPLICATION dated _____

TO: Wm. Squibb & Daughters Ltd. 48 Francis Street North Kitchener, ON N2H 5B5
 (Street No.) (Street) (City) (Postal Code)

1. APPLICANT(S) PRESENT ADDRESS
- (1) _____
 Name Apt. No. Street City Postal Code
- (2) _____
 Name Apt. No. Street City Postal Code

TELEPHONE: HOME (1) _____ BUSINESS (1) _____
 (2) _____ (2) _____

2. RENTAL PREMISES APPLIED FOR: _____ UNIT TYPE _____

Suite No. _____ Address: _____ City _____

Parking privileges required for _____ private automobile(s): Outside _____

NOTE: NO DOGS, CATS OR OTHER PETS OR ANIMALS ALLOWED _____
 Applicant's Signature(s) re: NO PETS

3. PROPOSED OCCUPANT(S) NAMES	DATE OF BIRTH (D/M/Y)	NAMES	DATE OF BIRTH(D/M/Y)

Term to commence _____ Term to end _____

Date accommodation required _____

4. (i) RENTAL INFORMATION
- Monthly Rental \$ _____
 Parking \$ _____
 Air Conditioner \$ _____
 Appliances \$ _____
 Additional Services _____ \$ _____
 (specify)
TOTAL MONTHLY RENTAL \$ _____

The Applicants agree to pay for the following services and facilities applicable to the Rented Premises and to provide written confirmation from applicable utilities prior to commencement of lease that utilities are in Applicants name(s):

Specify Yes or No

Electricity _____
 Water _____
 Gas _____
 Heat _____
 Cable TV _____
 Other: _____
 Specify

4. (ii) SUMMARY OF MONIES TO BE PAID
- Total Monthly Rental for first months rent \$ _____
 Pro-Rated Rent \$ _____
 Contract Deposit \$ _____
 Refundable deposit for mailbox key \$ _____
TOTAL \$ _____

Contract Deposit received with this Rental Application \$ _____

I/We hereby certify the information provided above and on the reverse of this form (Applicant's Particulars) to be true. I/We agree that upon acceptance of this Rental Application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement incorporating the above terms into the Landlord's usual form which I/We have been given the opportunity to review, in which event the Contract Deposit shall be deemed to be a Rent Deposit and applied towards the rent of the last month's occupancy. IF I/WE SHOULD FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE CONTRACT DEPOSIT SHALL BE FORFEITED.

If the Landlord is unable to give possession of the rented premises on the date of commencement of the term for any reason, the Landlord shall not be subject to any liability to the Applicants and shall give possession as soon as the Landlord is able to do so. The rent shall abate until possession of rented premises is offered by the Landlord to Tenants. Failure to give possession on the date of commencement shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenants or in any way be construed to extend the term of the Tenancy Agreement. In the event that a Tenancy Agreement is entered into, this Rental Application by the terms of clause 25 of the Tenancy Agreement will be deemed to form part of the Tenancy Agreement. Any omission or misstatement by the Applicants in this Rental Application may result in the termination of your tenancy by the Landlord even after occupancy has been taken.

The Applicant hereby gives permission to the Landlord or his Agent to obtain a consumer report, to contact employers, previous landlords, references or to take any other reasonable steps to assess this Rental Application.

 (Witness) (Applicant 1)

 (Witness) (Applicant 2)

ACCEPTANCE BY THE LANDLORD
 The Landlord hereby accepts this Rental Application/Offer to Lease for the Rented Premises as herein described.

 (Date) (Landlord or Agent)

APPLICANT'S PARTICULARS

APPLICANT 1

APPLICANT 2

Present Landlord's Name		
Present Landlord's Address		
Present Landlord's Phone Number		
Years Lived at Present Address?		
What is Your Previous Address?		
Years Lived at Previous Address?		
Name of Previous Landlord		
Address of Previous Landlord		
Phone # of Previous Landlord		
Employers Name Address Telephone		
Length of Employment		
Occupation		
Annual Income		
Previous Employer's Name		
Previous Employer's Phone		
Length of Employment		
Name of Bank		
Branch		
Account Number(s) and Type		
Other Income or Assets (Please Specify)		
Year, Make and Colour of Auto		
Licence No. (Auto)		
Driver's Licence Number		
Social Insurance Number		
Date of Birth (D/M/Y)		

What made you choose this accommodation? Newspaper ____ Referral ____ Billboard ____ Other ____

REFERENCES: **Two personal** (other than relatives) and **one credit** other than the aforementioned Bank.

NAME		
ADDRESS PHONE		
NAME		
ADDRESS PHONE		
NAME		
ADDRESS PHONE		

IN CASE OF EMERGENCY, Contact next of kin:

NAME		
ADDRESS PHONE		
RELATIONSHIP		

I/We certify that the above information is complete and correct.

(Witness)

(Applicant 1)

(Witness)

(Applicant 2)