

RESIDENTIAL RENTAL APPLICATION

Landlord

Landlord Name: Brent and/or Mary Kassian
Address: 2020 Sherwood Drive, Box 57176, Sherwood Park, AB., T8A 5L7
Phone: 780-982-6008
Email: landlord@rentbycollegestjean.com

Rental Property Information

Rental Property Address: 9145-83 Avenue
Application to rent: Upper Suite A/ Lower Suite B
Anticipated Possession Date: January 1, 2005
The term of the tenancy will be Yearly lease with automatic renewal.
The monthly rent will be \$990 [or \$590]
The initial security deposit will be \$750 [or \$500]
The monthly utility payment will be \$120 [or \$80]

Applicants' Personal Information

Applicant's Name: _____

Home Phone: () _____ Alternative Phone: () _____

Email Address: _____ Date of Birth: _____

Second Applicant's Name: _____

Second Applicant's Date of Birth: _____

Third Applicant's Name: _____

Third Applicant's Date of Birth: _____

Dependants Name(s):	Date(s) of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Do you have a pet? Yes / No If more than one, how many? _____

Please describe type(s) of pet(s):

Residential History

Present Address: _____
City: _____ State: _____
Zip Code: _____ How long at this address? _____
Landlord / Lessor: _____ Phone: (_____)

Previous Address 1: _____
City: _____ State: _____
Zip Code: _____ How long at this address? _____
Landlord / Lessor: _____ Phone: (_____)

Previous Address 2: _____
City: _____ State: _____
Zip Code: _____ How long at this address? _____
Landlord / Lessor: _____ Phone: (_____)

Details of Employment

Employer: _____
Position: _____ Date Hired: _____
Supervisor's Name: _____ Phone: (_____)
Salary: _____

(If employed less than one year with present employer, please provide previous employer.)

Previous Employer: _____
Position: _____ Date Hired: _____
Supervisor's Name: _____ Phone: (_____)
Salary: _____

Other Sources of Income

Do you receive income from any of the following sources? Yes / No
Student Loans _____ Pension Benefits _____ Social Assistance _____ Other _____

Please provide contact persons who could verify the amount of income you receive:

Vehicle Information

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Parking stall required? Yes / No Additional stall required? Yes / No (Subject to availability)

Banking Information

Banking Institution: _____

Address: _____

_____ Phone: ()

(If you bank with more than one institution, please list second bank below)

Banking Institution: _____

Address: _____

_____ Phone: ()

References

Name: _____ Phone: ()

Name: _____ Phone: ()

Emergency Contact

Name: _____

Relationship: _____ Phone: ()

Credit Check Authorization

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to contact my references and all other persons that I have named in this application, and to obtain information about the status of my credit in order to assess my suitability as a tenant/lessee.

Applicant's Signature _____ Date _____