## **RENT-TO-OWN APPLICATION**

1599826 ONTARIO LTD.

## EACH APPLICANT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed. The decision to lease to you will depend in great part on your credit history and references. Only clean, responsible people who are willing to pay their bills on time, need apply.

How did you find out	t about us? Sign □: Newspape						
Date of desired occupancy:	FAX BACK	FAX BACK TO: 1-866-522-2812 or scan and email to bruce@qualityinlife.con					
	<b>YOUR PERSONA</b>	L INFORM	ATION				
Full Name	Phone ()		Work Phone ()				
Social Insurance Number	Driver's License #		Province: D	Pate of Birth:			
Present Address							
City		Province:	Postal Code:				
How Long?	If renting, Apartment name/location		Phone: (	))			
Landlord/mgr's nam	ie		Alternate Phone: (_	)			
Why are you leaving	?		Curren	t Payment: \$			
Previous Address							
City:		Province:	Postal Code:				
How Long?	If renting, Apartment name/location		Phone: (	)			
Landlord/mgr's nam	ne		Alternate Phone: (_	)			
Why did you leave?							
Employer #1:		Position:		How Long?			
Address			Phone: (_	)			
Gross Monthly Incom	me before deductions: \$						
Employer #2:		Position:		How Long?			
Address			Phone: (_	)			
Gross Monthly Incom	me before deductions: \$ Other	Income: \$	Source:				
Former Employer		Position: _		How Long?			
Address			Phone: (_	)			
Why did you loove?							

## CREDIT INFORMATION: This can include store credit cards, rental stores, car loans, small loans, etc. \_\_\_\_\_\_Branch \_\_\_\_\_\_Acct #( s) \_\_\_\_\_\_\_ Checking: [ ]: Savings [ ]: Loan [ ]: Bank City \_\_\_\_\_\_\_ Province \_\_\_\_\_ Approx. Balance \$\_\_\_\_\_ How Long? \_\_\_\_\_ Other Active Credit Ref: \_\_\_\_\_ \_\_\_\_\_\_ Account # \_\_\_\_\_\_ Exp. Date: \_\_\_ Type of Account: \_\_\_\_\_ Credit Limit: \$\_\_\_\_\_ How Long? \_\_\_\_ Are all payments current? YES \Box \text{NO} \Box \text{II}: NO Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_ Type of Account: \_\_\_\_\_ Credit Limit: \$\_\_\_\_ How Long? \_\_\_\_ Are all payments current? YES \Boxed: NO \Boxed: \_\_\_\_\_ Account # \_\_\_\_\_ Other Active Credit Ref: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Credit Limit: \$\_\_\_\_ How Long? \_\_\_\_ Are all payments current? YES \Boxed: NO \Boxed: How much down payment money do you have to work with? \$\_\_\_\_\_ Source of down payment? Personal Funds □: Gift □: Relatives □: Loan □: Other □ Have you ever had a repossession? YES □, Date : NO □: (if Yes, explain below) Have you ever been evicted? YES $\square$ : NO $\square$ : Have you ever had a foreclosure? YES □, Date \_\_\_\_\_: NO □: If Yes, explain: \_\_\_ Do you have any unpaid student loans? YES □: NO □: If Yes, how much is the total? \$\_\_\_\_\_\_ Monthly Payment: \$\_\_\_\_ Is your paycheck currently being garnished? YES : NO : If Yes, how much? \$\_\_\_\_\_ If Yes, explain: \_\_\_\_\_ Is there a claim against you by Maintenance Enforcement Program? YES □ NO □: If Yes, explain: \_\_\_\_\_ Have you ever filed for bankruptcy? YES □, Date \_ \_: NO □: (if Yes, explain below) If YES, has the bankruptcy been discharged? YES $\square$ : NO $\square$ : If YES, when discharged? Have you ever been convicted of a crime, other than a traffic violation? YES □: NO □: If you answered YES to any of the above questions, explain: LIST ALL OF YOUR CURRENT MONTHLY OBLIGATIONS BELOW:

Pay To:	Total Amount Due: \$	Monthly Payment: \$
Pay To:	Total Amount Due: \$	Monthly Payment: \$
Pay To:	Total Amount Due: \$	Monthly Payment: \$
Pay To:	Total Amount Due: \$	Monthly Payment: \$
Pay To:	Total Amount Due: \$	Monthly Payment: \$
Pay To:	Total Amount Due: \$	Monthly Payment: \$

PLEASE CONTINUE ON NEXT PAGE

		Relationship	Phone:	()
	Address Ci	ty	Province	Postal Code
Name _		Relationship	Phone:	()
	Address Ci	ty	Province	_ Postal Code
EME	RGENCY - In an emergency you may contact (List two, ot	her than snouse/roommate, neares	t relatives first)	
	- In an emergency you may contact (Elst two, or			( )
Name _	Address Ci			
Name	Address			_
	Address Ci			
	OTHER	RINFORMATION		
ОТНЕБ	PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN	THE PROPERTY		
Name _		Name		
Name _		Name		
	Pets: Name Type Weight	t lbs. Name	Type	Weight lbs.
D	have: Vacuum cleaner □: Lawnmower □: Waterbec			
•			•	
			\$	
			<b></b> \$	
applica an Applease/op move in been to applica the bal the res		vation/earnest money fee of \$_ upy the property before Mana sly agrees that if this applicat plicant is accepted by Manage retained as liquidated damage to re-advertise the property delivered via telephone, fax or urs, otherwise management w e-marketing the property. If	N/A argement can consition is approved ement and then does since other product evaluate other mail. Once apprill assume that a	e required for processing the this application must sist applicant herewith agrees ecides, for any reason, not spective purchasers may have applicants. Processing roved, applicant agrees to poplicant has decided to forf

Date

Applicant