

RENTAL AGREEMENT

DATE: _____

LANDLORD/AGENT: _____ PHONE: _____

PLEASE PRINT CLEARLY

NAME(S):	SOCIAL INSURANCE NUMBER
M _____	____ _
M _____	____ _
M _____	____ _

PREMISES APPLIED FOR: _____

Address _____

Parking for _____ Garage _____ Off Street _____

DETAILS OF OCCUPANCY:

Term to commence _____ Term to end _____

PAYMENT INFORMATION:

A Pro-rated rent of \$ _____ will be paid in advance to cover

the period _____ to _____.

The Undersigned agrees to pay for the following services applicable to the desired premises: Yes or No

Electricity _____	Gas _____	Heat _____	Water _____	Cable T.V. _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Monthly Rental	\$ _____	Pro-rated Rent	\$ _____
	\$ _____	First Month’s Rent	\$ _____
Parking: Garage	\$ _____	Paid Last Month’s Rent	\$ _____
Monthly Total	\$ _____	Amount Due Prior to Occupancy	\$ _____

Amount received with application \$ _____ by cash _____ by cheque _____ to be applied upon acceptance of this application as: Deposit _____ First Month’s Rent _____ Pro-rated rent _____.

NO PETS ALLOWED

The undersigned agrees that upon acceptance of this application by the Landlord, a binding Agreement shall be created between the parties hereto and the undersigned shall forthwith enter into a Tenancy Agreement prior to possession of the premises upon the above terms, upon the Landlord’s usual form, in which event the deposit shall be applied toward the last month’s rent. If the rights accruing to the landlord, the undersigned agrees that the deposit shall be forfeited.

The undersigned consents to the obtaining of such information as the Landlord may deem necessary at any time in connection with the undersigned, in conjunction with the premises hereby applied for or any renewal or extension thereof. The undersigned also consents to the disclosure of any information concerning the undersigned to and credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

RENT TO BE PAID BY POST DATED CHEQUES - \$100 PER ITEM CHARGE FOR ANY RETURNED CHEQUE OR LATE RENT PAYMENT.

_____ WITNESS	_____ TENANT
_____ WITNESS	_____ TENANT
_____ WITNESS	_____ TENANT
_____ WITNESS	_____ AGENT OR LANDLORD

Accepted this _____ day of _____, 20 _____.