



Rental Application

Move in date: _____

Name of Applicant: _____

SIN _____ Date of Birth _____

Phone Number(s) Home: _____ Cell: _____ Email: _____

Unit to be rented: _____ Monthly Rental Amount _____ Utilities included: Y ___ N ___

Parking required: Y ___ N ___ Amount _____ License Plate # _____

Additional Occupants: Name _____ DOB _____
Name _____ DOB _____

Current Address: _____ City: _____ Province: _____

Postal Code: _____ Years at _____ Monthly Payment _____ Landlord: _____

Landlord's Phone Number: _____

Previous Address: _____ City: _____ Province: _____

Postal Code: _____ Years at _____

Employment and Earnings confirmation:

Your Bank & Address: _____

Employer: _____

Number of Years: _____ Annual Salary: _____ Pay stub obtained Y ___ N ___

Supervisor name: _____ Phone number: _____

Emergency Contact _____ Phone Number _____ Relationship _____

It is understood by the applicant(s) that the sum of \$ _____, given by the applicant(s) to the landlord, will be held as Last Month's rent deposit, and refundable only if the Landlord does not accept this application within 7 business days. In the event that a) fail to execute the landlord's tenancy Agreement for the rented premises, or b) notify Campanale in writing of our intention not to take occupancy, or c) provide an invalid cheque a cancellation charge equal to the last month's rent will be immediately payable by signing this application, I hereby consent that Campanale conduct and/or cause to be conducted, a criminal record check, a credit investigation including confirmation of employment, income and previous tenancies and I further that such information may be shared with any party whom I have, or propose to have financial relationship including, where applicable, guarantor(s). By providing personal information on this application, I consent to the collection, use and disclosure for the purpose of applying for rental accommodations with Campanale. I acknowledge that this information may be shared with related Campanale companies and third party providers. If I wish to withdraw my consent for one or more purposes, I must notify the Campanale office in writing. I consent to the retention of this form by Campanale until my account is closed. I have reviewed the above and confirm that it is complete and correct to the best of my knowledge.

Applicant _____ Signature _____
Date: _____ Witness _____