



RENTAL APPLICATION

DATE: _____
Month / Day / Year

Simplified Rentals Incorporated
 3250 Bloor Street West, Suite 600, Toronto, Ontario
 M8X 2X9
 (647) 495-6892
 info@simplifiedrentals.com
 www.simplifiedrentals.com

How did you find out about this location? _____

Have you applied to Simplified Rentals Incorporated before? _____ If yes, when? _____

APPLICANT'S NAME			SOCIAL INSURANCE #	DRIVER'S LICENSE # or PASSPORT #
First Name	Middle Name	Last Name		
BIRTH DATE:	CONTACT PHONE #	WORK PHONE #	EMAIL ADDRESS	
Month / Day / Year				
ADDRESS YOU ARE APPLYING FOR		LEASE INFORMATION (WHEN DO YOU WANT TO MOVE IN)		
Street	City	Start Date: Month / Day / Year	Lease Term:	
MONTHLY RENT		DEPOSIT REQUIRED		
\$		\$		
OTHER OCCUPANT INFORMATION (LIST ALL OCCUPANTS MOVING IN WITH YOU)				
1.	First Name	Last Name	Relationship	Age
2.	First Name	Last Name	Relationship	Age
3.	First Name	Last Name	Relationship	Age
4.	First Name	Last Name	Relationship	Age
5.	First Name	Last Name	Relationship	Age
6.	First Name	Last Name	Relationship	Age
7.	First Name	Last Name	Relationship	Age
VEHICLE INFORMATION				
Year	Make / Model	Licence Plate #	Owner Name	
Year	Make / Model	Licence Plate #	Owner Name	

The undersigned agrees that upon the Landlord's acceptance of this application:

1. A binding tenancy agreement shall be created between the parties;
2. The applicant will sign the Landlord's Lease prior to possession of the premises;
3. The deposit shall be applied toward the last month's rent
4. The undersigned shall take possession of the premises upon the above terms.
5. Applicants are advised to have renters insurance

The undersigned certifies that the Supporting Information in this Application is current and correct and agrees the landlord may update it at any time. The landlord agrees to keep the Supporting Information confidential.

The undersigned further consents to the disclosure of any information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has/have financial relations.

 INITIALS

RENTAL APPLICATION

CURRENT INFORMATION					
Present Address:	Street	City	Province / State	Postal Code / Zip	
Length of Residence:					
Reason for Leaving Current Residence:					
Landlord's Contact Info: Name:			Phone #:		
Were you ever required to relinquish tenancy?	NO	YES the reason is...			
Are you or any of your occupants a smoker?	NO	YES			
DO YOU HAVE? (Yes / No)					
Pets	Waterbed	Piano	BBQ	Bicycle	Other
OCCUPATION					
Job Title:			Date Hired: Month / Day / Year		
Employer Name:					
Employer Address:	Street	City	Province / State	Postal Code / Zip	
Employer Phone #:			Annual Income: \$		
BANKING INFORMATION					
Bank and Branch #					
Account #					
Type of Account					
REFERENCES					
Name			Phone #		
Address:		Street	City		
Name			Phone #		
Address:		Street	City		
EMERGENCY CONTACTS					
Name		Relation		Phone #	
Address:		Street	City		
Name		Relation		Phone #	
Address:		Street	City		

It is acknowledged and understood that by signing this application, you, the applicant, consent to Simplified Rentals Incorporated obtaining credit or personal information about you. Simplified Rentals Incorporated reserves the right to store and share the information received from you from any credit bureau, employer or any person, in connection with the premises applied for. The tenancy agreement, if entered into, or any extension or renewal of such tenancy agreement will be based on numerous factors including but not limited to the information received from our credit and reference checks.

I verify that all statements on this application are true and I authorize verification of all references given.

Applicant Signature

Witness Signature

Date Signed Month / Day / Year

INITIALS