

Assignor's name :		Address :	
Reason of doing assignment (Statistics) :			
Telephone :		Occupancy date (new tenants) :	
Actual cost of rent:		Renewal cost of rent :	
Rented as is : No inspection is made by Imm. E Tassé "Just as it is" means : the assignee makes himself responsible for the apparent damages or not at the time of the visit and must take agreement with yielding for the household, washing of carpet, painting, etc.		Initials (new tenants) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
Person with handicap and/or disability : <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Vital information in case of disaster</i>)			
Number of persons who will live in the apartment : Adults : _____ Children : _____		Special clauses :	
Assignment of lease fees: (no refundable) 1st application: \$125 Check <input type="checkbox"/> Cash <input type="checkbox"/>			DEPOSIT DATE : _____
For each new application : \$25/person, entered on the sublease application Check <input type="checkbox"/> Cash <input type="checkbox"/>			
The lease assignee shall pay charges, in the amount of \$50 per appliance, for moving it in and out of the apartment. The security deposit paid upon signature of the original lease is kept for the duration of the lease, and it shall be reimbursed upon termination of the lease, provided the apartment and the appliances are left in their original conditions.		<div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">Initials</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px;">Initials</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
Fridge: Yes <input type="checkbox"/> No <input type="checkbox"/> Already there: Yes <input type="checkbox"/> No <input type="checkbox"/> Stove: Yes <input type="checkbox"/> No <input type="checkbox"/> Already there: Yes <input type="checkbox"/> No <input type="checkbox"/> DRP : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reserved to the administration <input type="checkbox"/> Application accepted _____ <input type="checkbox"/> Application rejected _____			
Remarks :		Date :	
Refusal letter <input type="checkbox"/> Janitor notified <input type="checkbox"/> Client notified <input type="checkbox"/> Accounting notified <input type="checkbox"/>			

1st person	2nd person
Name:	Name:
First name:	First name:
F <input type="checkbox"/> M <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>
Date of birth: _____ (d)/ _____ (m)/ _____ (y)	Date of birth: _____ (d)/ _____ (m)/ _____ (y)
Social number:	Social number:
Actual address:	Actual address:
City:	City:
Postal Code :	Postal Code :
Telephone:	Telephone:
Cel phone:	Cel phone:
Fax.:	Fax.:
Email:	Email:
Driver's license:	Driver's license:
License number:	License number:
1. At the actual address are you <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Rent \$ <input style="width: 40px;" type="text"/> For how long: _____ years _____ months Actual owner's name: _____	1. At the actual address are you : <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Rent \$ <input style="width: 40px;" type="text"/> For how long: _____ years _____ months Actual owner's name: _____
Telephone:	Telephone:
2. Previous address:	2. Previous address:
Previous owner's name:	Previous owner's name:
Telephone:	Telephone:

Working references:

1 st person	2 nd person
Employer:	Employer:
Address:	Address:
Telephone:	Telephone:
Supervisor:	Supervisor:
Telephone:	Telephone:
Annual salary:	Annual salary:
Years of service:	Years of service:
Previous job:	Previous job:
Telephone:	Telephone:

Personal References

With relation:	With relation:
Name:	Name:
Telephone:	Telephone:
Address:	address:
Without relation:	Without relation:
Name:	Name:
Telephone:	Telephone:
Address:	Address:

*I, the undersigned, certify that the information provided is truthful and complete, and I have note in any was distorted, falsified, or omitted facts that could invalidate the form or influence the landlord's decision. I understand that making a false statement may result in the lease cancellation and may constitute fraud under section 380 of the Criminal Code, which provides a term of imprisonment among other sanctions. I hereby authorize the landlord and his/her representatives to obtain or exchange my personal information with any personal information agents, financial institutions, employers, landlords, or other institutions, as well as the above-mentioned institutions and persons in order to establish my financial capacity and my ability to meet my lease obligations. I hereby authorize **Les Immeubles Tassé**, as a personal information agent, to collect and communicate to the landlord or his/her representatives any personal information that it may have about me in accordance with a prior consent. My consent of the collection and communication of my personal information is valid for 14 calendar days as of the date of my signing the Rental Application. If a lease is signed, my consent remains valid for three years following the termination of this lease, but only to recover arrears on rent owened or, in compliance with a court ruling, to collect any other leases-related debt.*

TENANT signature

Date

TENANT signature

Date

PROOF OF INSURANCE

If the rental application is accepted, the tenant(s) agrees to provide *Les Immeubles Tassé Ltée* with proof of insurance before the date of possession.

NO KEY WILL BE GIVEN if proof of insurance has not been submitted to the administration beforehand. _____

Initials