

Address :	Occupancy date :	Cost of rent :
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Administrative Fees: 75\$ with the rental application (Application accepted: 50\$ will be reimburse at the end of the lease after inspection and 25\$ will be applied for administrative fees Application rejected: 25\$ will be reimburse and 50\$ will be applied for administrative fees) (Note: If cancellation by clients or if the information provided is not accurate, the administrative fees will not the refunded) <div style="text-align: right;">_____</div> <div style="text-align: center;">Initials</div>	Deposit : 25\$/appliance Stove <input type="checkbox"/> Fridge <input type="checkbox"/> _____ \$ Cash <input type="checkbox"/> Check <input type="checkbox"/> Interac <input type="checkbox"/> Deposit date : _____ Note: Deposit for fridge and stove can be paid at the lease signature
Stove : Yes <input type="checkbox"/> No <input type="checkbox"/> Already there : Yes <input type="checkbox"/> No <input type="checkbox"/> Fridge : 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"/>
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 : _____
Referred by : Le Droit : <input type="checkbox"/> Web <input type="checkbox"/> Others : _____	Renting agent : _____ Thanks references <input type="checkbox"/>
Reserved to the administration <input type="checkbox"/> Application accepted _____ <input type="checkbox"/> Application rejected _____	
Remarks: _____ Date : _____ Rental agent notified <input type="checkbox"/> Janitor notified <input type="checkbox"/> Client advised <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"/> <input type="checkbox"/> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Rent \$	1. At the actual address are you : <input type="checkbox"/> <input type="checkbox"/> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Rent \$
For how long: _____ years _____ months	For how long: _____ years _____ months
Actual owner's name:	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 owed 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