

Del Condominium Rentals Inc.

4800 Dufferin Street, Toronto, Ontario M3H 5S9

416-296-RENT(7368) Fax: 416-296-8961

Email: info@delrentals.com



APPLICATION FOR RENTAL ACCOMMODATION

Date: _____ Leasing Representative: _____

Property Applying for: _____ Suite # _____

Notes for Leasing Rep Only: _____

Term to Commence: _____ One Year Lease Two Year Lease

Monthly Rental: \$ _____ Refundable Sum for Building Access: \$200

Monthly rent is payable to: **Del Condominium Rentals Inc.** on or before the **FIRST** day of each month.

Utilities, cable and telephone are extra unless specified.

How many people will be occupying this unit: _____ Adults _____ Children*

*For Children under 18 , please provide full names and dates of birth on separate paper or email.

Do you have a pet? Yes No No. of Pet(s) _____

Type of Pet: (Please Circle) Dog/Cat/Bird/Other _____ If Dog, Breed _____, Weight _____

The undersigned agrees to be bound by the terms and provisions of the declaration, bylaws and rules of the condominium corporation (the "Condominium Documents") with respect to its use and occupation of the rented premises, including without limitations, as pertain to the keeping of pets, as such terms and provisions may be supplemented or revised from time to time.

The undersigned agrees that upon acceptance of this application by the Landlord or his agent, 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 and upon the Landlord's usual form and a rent deposit of one month's rent will be provided to the Landlord within 72 hours after acceptance and will be applied towards last month's rent upon move in.

The undersigned consents to the Landlord conducting a personal credit investigation of the undersigned. The undersigned also consents to the collection and use of such information concerning the undersigned as the Landlord may deem necessary at any time in connection with the undersigned and as considered necessary or advisable by the Landlord in order to assess the Rental Application, and in order to properly manage the subject premises.

Upon acceptance of the Rental Application by the Landlord, the undersigned consents to the disclosure by the Landlord of such information concerning the undersigned as is reasonably required for the management of the premises, including without limitation, to utility companies, owners, mortgages, the subject condominium corporation and its manager. The undersigned also consents to the disclosure of any information concerning the undersigned to any credit-reporting agency.

The undersigned agrees that where this application is rejected, the Landlord shall not be required to give reasons.

How did you hear about Del Condominium Rentals Inc:

Newspaper _____ Radio _____ Internet _____ Referral _____

Signed at _____ this _____ day of _____, 20 _____

Witness

Applicant's Signature

Witness

Applicant's Signature

Witness

Applicant's Signature

ATTENTION ALL APPLICANTS

Please (1) attach a copy of government issued photo identification with your application; (2) provide a recent pay stub and (3) letter from your employer for us to process your application.
If self-employed, please provide the most current Notice of Tax Assessment.

BELOW FOR OFFICE USE ONLY

ACCEPTED THIS _____ day of _____, 20 _____

SIGNATURE OF AUTHORIZED PERSONNEL OF DEL CONDOMINIUM RENTALS INC.

Applicant 1

Name: _____ Birth Date: _____
E-Mail _____
Home phone: _____ Bus: _____ Cell: _____
Social Insurance Number: _____
Drivers Licence Number: _____
Current Address: _____
Moved in: _____ Monthly rent: _____
Utilities Included: Yes No Reason for moving: _____
Landlord: _____ Phone # _____
Previous address: _____ Monthly Rent _____
Landlord: _____ Phone # _____
Employer: _____ Position _____
Income: _____ Start Date: _____
Previous Employer _____ From _____ To _____

Applicant 2

Name: _____ Birth Date: _____
E-Mail _____
Home phone: _____ Bus: _____ Cell: _____
Social Insurance Number: _____
Drivers Licence Number: _____
Current Address: _____
Moved in: _____ Monthly rent: _____
Utilities Included: Yes No Reason for moving: _____
Landlord: _____ Phone # _____
Previous address: _____ Monthly Rent _____
Landlord: _____ Phone # _____
Employer: _____ Position _____
Income: _____ Start Date: _____
Previous Employer _____ From _____ To _____

Applicant 3

Name: _____ Birth Date: _____
E-Mail _____
Home phone: _____ Bus: _____ Cell: _____
Social Insurance Number: _____
Drivers Licence Number: _____
Current Address: _____
Moved in: _____ Monthly rent: _____
Utilities Included: Yes No Reason for moving: _____
Landlord: _____ Phone # _____
Previous address: _____ Monthly Rent _____
Landlord: _____ Phone # _____
Employer: _____ Position _____
Income: _____ Start Date: _____
Previous Employer _____ From _____ To _____

In case of emergency, please contact: _____

The above information is strictly confidential.

For more than 3 applicants, please copy form and complete all fields.

The undersigned certifies that the above information is complete and correct.

Applicant's Signature

Applicant's Signature

Applicant's Signature