

Application For Residential Tenancy

Date: _____

To: _____

c/o Canlight Management Inc. as Agent
5160 Explorer Drive, Suite 17, Mississauga, Ontario L4W 4T7

PLEASE PRINT CLEARLY

		SOCIAL INSURANCE NUMBER
NAME(S)	M _____	_____
	M _____	_____
	M _____	_____

PREMISES APPLIED FOR:

SUITE _____ TYPE _____ AT _____
 Parking For _____ Private Passenger Automobile(s) Outside Garage Car Port Underground

PROPOSED OCCUPANTS

NAMES	DATE OF BIRTH	NAMES	DATE OF BIRTH

DETAILS OF OCCUPANCY

Term to commence _____ 20____ Term to end _____ 20____

PAYMENT INFORMATION

A pro-rated rent of \$ _____ will be paid in advance to cover the period from
 _____ 20____ to _____ 20____

The undersigned agrees to pay for the following services applicable to the desired premises: -- Yes or No

Electricity Gas Heat Hot Water Heater Cable TV _____

Monthly Rental \$ _____ \$ _____ Parking: Inside \$ _____ Outside \$ _____ Carport \$ _____ Monthly Total \$ _____	Pro-rated rent \$ _____ First Month's Rent \$ _____ Prepaid Last Month's Rent \$ _____ \$ _____
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Monthly total payable to the Landlord or his Agent in advance on the first day of each month.

Amount received with application \$ _____ by cash by cheque
 To be applied upon acceptance of this application as: Deposit First Month's Rent Pro-rated rent

The undersigned agrees that upon acceptance of this application by the Landlord, 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, upon the Landlord's usual form, in which event the deposit shall be applied towards the last month's rent. If the undersigned should fail to enter upon such Tenancy Agreement, then, and in addition to any other rights accruing to the Landlord, the undersigned agrees that the deposit shall be forfeited.

I/We hereby give permission to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this application, or for any amendment, renewal or extension of my/our tenancy. I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information in my application and information arising from any tenancy between us to any third party for the purposes of providing a consumer/credit report or contributing information to a database of tenant information made available to landlords or their agents.

WHAT MADE YOU CHOOSE THIS ACCOMMODATION? NEWSPAPER REFERRAL SIGN OR _____

_____ WITNESS	_____ TENANT
_____ WITNESS	_____ TENANT
_____ WITNESS	_____ TENANT

Accepted this _____ day of _____ 20____

LANDLORD OR AGENT

APPLICANT'S PARTICULARS

MUST BE COMPLETED IN FULL -- PLEASE PRINT CLEARLY

DETAIL	APPLICANT #1	APPLICANT #2	APPLICANT #3
NAME	M	M	M
PRESENT ADDRESS			
CITY AND ZONE			
POSTAL CODE			
LENGTH OF RESIDENCE			
HOME PHONE			
BUSINESS PHONE			
LANDLORD'S NAME			
LANDLORD'S PHONE			
PREVIOUS ADDRESS			
CITY AND ZONE			
LENGTH OF RESIDENCE			
LANDLORD'S NAME			
LANDLORD'S PHONE			
ANNUAL INCOME			
EMPLOYER'S NAME			
EMPLOYER'S PHONE			
OCCUPATION			
LENGTH OF EMPLOYMENT			
PREVIOUS EMPLOYER			
EMPLOYER'S PHONE			
OCCUPATION			
LENGTH OF EMPLOYMENT			
NAME OF BANK			
BRANCH			
ACCOUNT NUMBER			
TYPE OF ACCOUNT			
MAKE OF AUTO			
YEAR AND COLOR			
LICENCE NUMBER			
DRIVER'S LICENCE			

R	NAME			
E	ADDRESS			
F	PHONE			
E	NAME			
R	ADDRESS			
E	PHONE			
N	NAME			
C	ADDRESS			
E	PHONE			

C	NAME			
O	ADDRESS			
N				
T				
A	PHONE			
C	RELATIONSHIP			
T				

School Supporter of: Public Separate

The above information is strictly confidential

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

Applicant's Signature

Applicant's Signature

Applicant's Signature