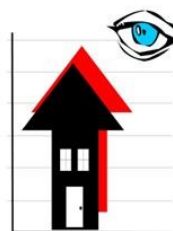


RESIDENTIAL RENTAL APPLICATION FORM



UNIT APPLY FOR:

Dollimore Property Management & Services
Phone: 705-328-9684 E-Mail: kawarthalakesproperties@gmail.com http://
www.kawarthapropertymanagement.ca/

APPLICANT #1

NAME:

APPLICANT #2

NAME:

PRESENT ADDRESS:

PHONE NO:

POSTAL CODE:

S.I.N:

DATE OF BIRTH: D _____ M _____ Y _____ DATE OF BIRTH: D _____ M _____ Y _____

VEHICLE MAKE/MODEL:

LICENSE PLATE NO:

LICENSE PLATE NO:

OF CHILDREN:

AGES:

PET(S): HOW MANY? _____ TYPE? _____ SPADE/NEUTERED? _____

EMPLOYMENT

NAME OF COMPANY:

ADDRESS:

PHONE NO:

POSITION:

CONTACT NAME:

LENGTH OF EMPLOYMENT:

EMPLOYMENT

NAME OF COMPANY:

ADDRESS:

PHONE NO:

POSITION:

CONTACT NAME:

LENGTH OF EMPLOYMENT:

PREVIOUS LANDLORD

NAME:

PHONE NO:

REASON FOR MOVING:

WAS 60 DAYS NOTICE GIVEN?: _____

REFERENCE NAME:

PHONE NO:

ADDRESS:

LENGTH OF OCCUPANCY:

ADDRESS:

RELATION:

EMERGENCY CONTACT/ALTERNATIVE ADDRESS FOR SERVICE

NAME:

PHONE NO:

ADDRESS:

RELATION:

APPLICATION MUST BE COMPLETED IN FULL BEFORE CONSIDERED FOR TENANCY.

PLEASE NOTE:

This application is subject to the owners/agents approval/unapproval. An amount equal to one month rent is due within 24 hours of approval in the form of cash, certified cheque or money order. At that point, a binding offer to rent or lease is created and should the application be withdrawn, the deposit is forfeited and the applicant(s) will be held responsible for any costs incurred to re-rent the premises. By signing /submitting this application, I declare that all of the information given is true and give permission to verify the above and execute a credit and/or criminal history check.

Date: _____ Signature: _____

Date: _____ Signature: _____