



# Rental Application

## RENTAL UNIT INFORMATION

Unit to be Rented: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Base Rent: \$ \_\_\_\_\_ Parking: \$ \_\_\_\_\_

## PERSONAL INFORMATION (SIN Optional)

Name of Applicant: \_\_\_\_\_ SIN: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_ (C) \_\_\_\_\_

## ADDITIONAL OCCUPANTS

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CURRENT ADDRESS INFORMATION

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Length at Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Present Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_



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## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Proof of tenant liability insurance must be produced before keys are issued. Initials \_\_\_\_\_

It is understood by the Applicant(s) that the sum of one full month's rent given by the Applicant(s) to the Landlord is to be held as a Last Month's Rent deposit.

I/We agree that upon acceptance of this Rental Application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement incorporating the above terms in to the Landlord's usual form, in which event the deposit shall be applied towards the rent of the last month's occupancy. In the event that I a) fail to execute the landlord's tenancy Agreement for the rented premises, or b) notify Campanale in writing of our intention not to take occupancy, or c) provide an invalid cheque, a cancellation charge equal to the last month's rent will be immediately payable. By signing this application, I hereby consent that Campanale conduct and/or cause to be conducted, a criminal record check, a credit investigation including confirmation of employment, income and previous tenancies and I further that such information may be shared with any party whom I have, or propose to have financial relationship including, where applicable, guarantor(s). By providing personal information on this application, I consent to the collection, use and disclosure for the purpose of applying for rental accommodations with Campanale. I acknowledge that this information may be shared with related Campanale companies and third party providers. If I wish to withdraw my consent for one or more purposes, I must notify the Campanale office in writing. I consent to the retention of this form by Campanale until my account is closed.

I have reviewed the above information and confirm that it is complete and correct to the best of my knowledge. I further affirm that all representations I have made in relation to this application, including my attached income and employment verification, are true, accurate and complete to the best of my knowledge.

## PROVIDING FALSE INFORMATION IS A CRIMINAL OFFENCE

**Please email your application to leasingadmin@campanale.com, fax it to 613-730-3030 or drop it off at our head office located at 1187 Bank Street, Suite 200 Ottawa, ON, K1S 3X7.**

A copy of Photo Identification for all applicants over 18 years old is required to be submitted with this application (Driver's License or passport).

Witness: \_\_\_\_\_ Applicant: \_\_\_\_\_

Campanale: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM. A MEMBER OF OUR PROPERTY MANAGEMENT TEAM WILL CONNECT WITH YOU SHORTLY WITH NEXT STEPS.**