

**OAKLAND TOWNHOUSES
RENTAL APPLICATION FORM**

Date: _____

**OAKLAND TOWNHOUSES REQUIRES A 12-MONTH LEASE FOR ALL UNITS.
OAKLAND TOWNHOUSES DOES NOT PERMIT SUB-LEASING.**

PRIMARY APPLICANT:

NAME: First _____ Middle _____ Last _____

Date of Birth: _____ SIN (optional) _____

Current Address: _____

Telephone Number: Day: _____ Evening: _____

Email Address: _____

Licence Plate of Vehicle: _____ Driver's Licence Master No. _____

Source of Income: _____ Gross Monthly Income: _____
(employment, pension, disability) (co-signing agreement required if not a full-time employee)

Employer's Name: _____ Contact #: _____

Supervisor's Name: _____ Contact #: _____

Name of Last Two Landlords	Length of Occupancy	Contact Number
1. _____	_____	_____
2. _____	_____	_____

Character References (not relatives):

Name	Occupation	Contact Number
3. _____	_____	_____
4. _____	_____	_____

In case of Emergency, please contact:

Name: _____

Civic Address: _____

Relationship: _____ Contact Number: _____

**OAKLAND TOWNHOUSES
RENTAL APPLICATION FORM**

SECOND APPLICANT:

NAME: First _____ Middle _____ Last _____

Date of Birth: _____ SIN (optional) _____

Current Address: _____

Telephone Number: Day: _____ Evening: _____

Email Address: _____

Licence Plate of Vehicle: _____ Driver's Licence Master No. _____

Source of Income: _____ Gross Monthly Income: _____
(employment, pension, disability) (co-signing agreement required if not a full-time employee)

Employer's Name: _____ Contact #: _____

Supervisor's Name: _____ Contact #: _____

Name of Last Two Landlords	Length of Occupancy	Contact Number
1. _____	_____	_____
2. _____	_____	_____

Character References (not relatives):

Name	Occupation	Contact Number
3. _____	_____	_____
4. _____	_____	_____

In case of Emergency, please contact:

Name: _____

Civic Address: _____

Relationship: _____ Contact Number: _____

**OAKLAND TOWNHOUSES
RENTAL APPLICATION FORM**

DEPENDENTS OR PERSONS SHARING ACCOMODATIONS:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Location of Premises Desired: _____

Number of Bedrooms Required: _____

Any other pertinent information which should be known by us:

I (we) certify that the above information is correct and I (we) understand that this application may be revoked if any information furnished upon this application is found to be incorrect. I (we) authorize you to contact any references listed on this application, and to perform a credit check.

Signature:

Applicant #1 _____

Vehicle: Make _____ Model _____ Colour _____ Year _____

Applicant #2 _____

Vehicle: Make _____ Model _____ Colour _____ Year _____