

BUILDING NAME	TOTAL NO. OF APPLICANTS & DEPENDENTS	BUILDING NO.	SUITE NO.	NUMBER OF BEDROOMS
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## Superior Property Management Services Ltd. Application to Rent

Please note that incomplete applications will not be considered.

**All occupants eighteen years and older must complete an application and must sign the lease prior to occupying the suite**

Please Print Clearly	APPLICANT 1	APPLICANT 2
Name	Last: First:	Last: First:
Home Phone		
Cell Phone		
Email:		
S.I.N		
Drivers License # & Prov		
Date of Birth: YYYY/Month/DD		
First Dependent under 18		
Date of Birth: YYYY/Month/DD		
Next Dependent under 18		
Date of Birth: YYYY/Month/DD		
Current Address		
City/Prov/ Postal Code		
Current Landlord		
Current Landlord Phone		
Previous Address		
Previous Landlord & Phone		
Do you have any outstanding amounts claimed by any Landlord?	Y / N Details:	Y / N Details:
Have you ever been evicted or left without paying? Give details		
Employer		
Occupation & Supervisor		
Phone # & Address		
How Long / Monthly Income		
Previous Employer & Address		
Occupation / How Long		
Bank Name & Branch		
Account #		
Credit Card Name		
Card #		
Tenants Insurance? Policy #	Y / N   Policy #	Y / N   Policy #
Company Name & Phone #		
Vehicle Type & Model		
License Plate #		
Car Finance Co & Amount		
Personal Reference		
Relationship		
Phone #		
Emergency contact		
Relationship		
Phone #		

I/We, the above named, hereby apply to lease a \_\_\_\_\_ bedroom suite in \_\_\_\_\_ starting \_\_\_\_\_ 1<sup>st</sup>, 2 \_\_\_\_\_.

- I/We hereby certify that all statements made in this application are true and complete.
- I/We hereby authorize the Landlord to contact any person identified in this application, to use our personal information to conduct a personal investigation/credit check, to share information with other credit granting and reporting agencies, for debt collection purposes, and to uphold the rules and regulations of the Tenancy Agreement.
- I/We hereby acknowledge that there are **no pets allowed** on these premises.
- I/we hereby acknowledge that if accepted, we are required to have and maintain tenant insurance.
- I/We acknowledge that upon approval of this application we must pay a deposit of \$ \_\_\_\_\_ as a rental deposit. The deposit will be forfeit in the event that I/we do not take occupancy on the commencement date as agreed upon, or fail to execute the standard lease agreement when presented for execution. Upon the applicant(s) taking possession of the apartment, the deposit shall be deemed to be a Security Deposit as defined in the Province of Alberta under the Residential Tenancies Act.
- I/We acknowledge that if this application is accepted, and the resulting tenancy is terminated with less than four (4) complete months occupancy, I/we will pay to the Landlord a fee as compensation to the Landlord for re-rental (and as liquidated damages). The fee shall be set by the Landlord from time to time and I/we shall pay the fee in effect at the date of this application.

Date: \_\_\_\_\_ Applicant #1 : \_\_\_\_\_ Applicant #2 \_\_\_\_\_

<b>Office Use only</b>	Completed Cosigner
Cosigner required? Y / N Name _____	Application Received? Y / N Accepted Y / N Move In Date _____
Residential References Y / N Work References Y / N Letter? _____	Alert Check Y / N Credit Check Y / N <b>RM Signature</b> _____
SECURITY DEPOSIT OF \$ _____ RECEIVED ON _____	RECEIPT NO. _____ METHOD OF PAYMENT _____
<b>FIXED TERM</b> from 1 <sup>st</sup> of _____, 2 _____ to end of _____, 2 _____.	MONTHLY RENT \$ _____ less REBATE \$ _____ = \$ _____
<b>OR</b> Month to Month Tenancy commencing 1 <sup>st</sup> of _____, 2 _____.	MONTHLY RENT \$ _____ less REBATE \$ _____ = \$ _____
Other Charges: Parking Stall # _____ \$ _____ /month AND/OR _____ \$ _____ /month = \$ _____	total monthly payment

# **Superior Property Management Services Ltd.**

E-mail [rental@apt-rent.com](mailto:rental@apt-rent.com)

#100, 71 Corriveau, Avenue St. Albert, Alberta T8N 5A3

Fax (780) 419-3199

Phone (780) 419-7119

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I, \_\_\_\_\_ and I, \_\_\_\_\_ authorize you to answer questions from Superior Property Management Services Ltd. and their agents, regarding my residential and employment history.

I/We understand this information will be used to qualify me/us as a tenant and to run a credit check. Superior Property Management can share relevant information with other credit granting and reporting agencies.

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Signed

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Date

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Signed

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Date