



UNIT #: _____ SIZE: _____

BUILDING: _____

DEPOSIT: \$ _____ RENT: _____

LMR: \$ _____ (CASH/M.O./CHQ)

COMMENCES: _____ EXPIRES: _____

Residential Offer to Lease

ONE APPLICATION PER PERSON.

PLEASE PRINT

*(SUBJECT TO RENT REVIEW)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. FULL NAME: _____ DATE OF BIRTH: _____ (Day/Month/Year) SOCIAL INSURANCE NUMBER: _____ DRIVER LICENCE NUMBER: _____ Email address _____ Phone number _____ VEHICLE _____ / _____ / _____ MAKE MODEL YEAR PLATE # CHILD(REN): 1) _____ 2) _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. SPOUSE'S FULL NAME: _____ DATE OF BIRTH: _____ (Day/Month/Year) SOCIAL INSURANCE NUMBER: _____ DRIVER LICENCE NUMBER: _____ Email address _____ Phone number _____ VEHICLE _____ / _____ / _____ MAKE MODEL YEAR PLATE # CHILD(REN): 3) _____ 4) _____
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ADDRESS (PRESENT & PREVIOUS)

PRESENT ADDRESS: _____ CITY: _____ POSTAL CODE: _____ PROV: _____ TELEPHONE NO: _____ <input type="checkbox"/> TENANT <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OWN LENGTH OF TIME: _____ LANDLORD'S NAME & ADDRESS: _____ _____ _____ CONTACT PERSON: _____ TELEPHONE NUMBER: _____	PREVIOUS ADDRESS: _____ CITY: _____ POSTAL CODE: _____ PROV: _____ TELEPHONE NO: _____ <input type="checkbox"/> TENANT <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OWN LENGTH OF TIME: _____ LANDLORD'S NAME & ADDRESS: _____ _____ _____ CONTACT PERSON: _____ TELEPHONE NUMBER: _____
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EMPLOYMENT (PRESENT & PREVIOUS)

PRESENT EMPLOYER: _____ ADDRESS: _____ TELEPHONE NUMBER: _____ POSTION HELD: _____ SUPERVISOR'S NAME: _____ MONTHLY INCOME: _____ LENGTH OF TIME: _____	PREVIOUS EMPLOYER: _____ ADDRESS: _____ TELEPHONE NUMBER: _____ POSTION HELD: _____ SUPERVISOR'S NAME: _____ MONTHLY INCOME: _____ LENGTH OF TIME: _____
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EMPLOYMENT (SPOUSE)

PRESENT EMPLOYER: _____ ADDRESS: _____ TELEPHONE NUMBER: _____ POSTION HELD: _____ SUPERVISOR'S NAME: _____ MONTHLY INCOME: _____ LENGTH OF TIME: _____	PREVIOUS EMPLOYER: _____ ADDRESS: _____ TELEPHONE NUMBER: _____ POSTION HELD: _____ SUPERVISOR'S NAME: _____ MONTHLY INCOME: _____ LENGTH OF TIME: _____
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BANK-APPLICANT

NAME: _____
ADDRESS: _____
 CHEQUING SAVING PCA

BANK-SPOUSE

NAME: _____
ADDRESS: _____
 CHEQUING SAVING PCA

INSURANCE

NAME: _____

ADDRESS: _____

EMERGENCY CONTACT

NAME: _____
ADDRESS: _____
HOME #: _____ OFFICE #: _____
RELATIONSHIP: _____

The applicant(s) agree(S) that the last month's rent (LMR) deposit paid to the Landlord upon making of this application and Offer to Lease shall be forfeited to the Landlord if the applicant(s) withdraw(s) the application and Offer to Lease. If the Landlord accepts the Offer to Lease, the deposit shall be retained as the last month's rent and will be credited to the last month's rent upon the applicant(s) terminating their tenancy.
I/We warrant and confirm that the information given herein is true and correct and I/We authorize(s) and consent(s) to the release and exchange of credit, employment & income, AND past and current residential information

SIGNED AT OTTAWA THIS _____ / _____ / _____ RENTAL AGENT: _____
DAY MONTH YEAR

APPLICANT: _____ SPOUSE: _____

I HEREBY OFFER TO LEASE:

UNIT NUMBER: _____ **ADDRESS:** _____ / _____ / _____
STREET # ADDRESS PROVINCE POSTAL CODE

FIRST LEASE	
FOR A PERIOD OF: _____ MONTHS	FROM: ____ / ____ / ____ TO: ____ / ____ / ____ DAY MONTH YEAR DAY MONTH YEAR

RENTAL CHARGES	CURRENT RENT
BASIC UNIT: \$	
PARKING: \$	
OTHER: \$	
TOTAL: \$	

DEPOSIT ATTACHED: \$ _____
 CASH
 CERTIFIED CHEQUE
 MONEY ORDER

I UNDERSTAND THAT:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <p>A. Upon signing this OFFER, the Landlord has a period of seven (7) days to accept this OFFER, failing which the OFFER is revoked. In the event that I withdraw or cancel this OFFER prior to the seven days or after this OFFER have been accepted, my deposit will be forfeited and I acknowledge that I will be liable for any loss of rent and any other costs or damages suffered by the Landlord.</p> | <p>____ Initials</p> |
| <p>B. In the event that this OFFER is not accepted by the Landlord, it shall be retained by the Landlord and the deposit shall be returned forthwith and reasons for its refusal shall not be divulged.</p> | <p>____ Initials</p> |
| <p>C. If accepted within the prescribed time, I understand as a result of my signature appearing on this OFFER, a binding lease has been entered into accordance with the terms of this OFFER and the lease form and all attachments therein.</p> | <p>____ Initials</p> |
| <p>D. Upon notification of acceptance, I will forthwith attend at the Office of the Landlord to sign the lease.</p> | <p>____ Initials</p> |
| <p>E. I acknowledge that I have read and fully understand the lease form and thereby approve of its contents subject to the terms of this application.</p> | <p>____ Initials</p> |
| <p>F. The balance of the first month's rent and the last month's rent are payable upon signing the lease</p> | <p>____ Initials</p> |
| <p>G. NO OTHER PERSON(S) SHALL OCCUPY THE PREMISES other than as shown on this OFFER TO LEASE unless prior written consent is given by the Landlord.</p> | <p>____ Initials</p> |
| <p>H. "As Is" Occupancy: The Landlord will endeavour to have the unit cleaned to the Landlord's standards prior to occupancy, however, if this cannot be done prior to occupancy, this will be completed within thirty (30) days from the start of the Tenancy Agreement provided by the Landlord. Carpet cleaning and redecoration as deemed necessary at the Landlord's discretion, shall follow suit as per above.</p> | <p>____ Initials</p> |
| <p>I. In the event that I paint a part or whole of the leased premises in a colour other than the basic colour used by the Landlord; or in the event that I apply wall paper or any other substance to the wall(s), ceiling, floors, it shall be my expense to return the unit to a condition acceptable to the Landlord.</p> | <p>____ Initials</p> |
| <p>J. No appliances or satellite dishes or A/C units may be brought into the unit without written permission. Seasonal fee for electricity use for air conditioning units is \$250.00 and subject to rules and regulation of the signed lease agreement</p> | <p>____ Initials</p> |
| <p>K. Both sides of this page form a part of this document.</p> | <p>____ Initials</p> |

PLEASE TAKE NOTE that a consumer credit report, an employment and income confirmation as well as a landlord history and a security background check containing personal information will be conducted in a connection with this OFFER. We undertake to treat the information obtained and that provided in the OFFER in a confidential Manner.

Witness	Signature	Date
Witness	Signature (spouse)	Date