

APPLICATION FOR COMMERCIAL RENTAL ACCOMMODATION

The property manger/agent acknowledges the confidentiality of this document.

Name of Applicant(s) in full _____	Present Address _____	For How long? _____
Name of the Business in Full _____	Presentst Address _____	For How Long? _____
Phone and Fax Numbers Res. 1. _____ Bus. 1. _____ Cell. 1. _____ Fax. 1. _____ Email. 1. _____		No of people to occupy premises _____
		If not the same as above, List there names: _____

APPLICANTS

	Applicant 1	Applicant 2	Business
Current Landlord if any			
Contact & Phone Number			
Occupation & For How Long			
Monthly Income:	\$ _____	\$ _____	\$ _____
Criminal Record Check (Y/N)			
Driver License/Licence Plate #			
Social Insurance Number			
Date of Birth (YYYY/MM/DD)			
Previous Landlord & Phone Number			
3 References (Names & Phone Numbers)			
Relatives and Friends who can be contacted in case of emergency			
Name			
Address			
Phone Number:			
Date Commercial Rental Required: Day _____ Month _____ Year _____	Type Accomodation Required		
For Office Use Only		<i>I/We heareby certify that all statements made in this application are true and I/we authorize the landlord to conduct a credit check.</i> Signatures(s) Applicant 1. _____ Applicant 2: _____ Applicant 3: _____	
Approval Date: _____ (DD/MM/YY)			
Signature: _____			
Remarks:	Dated this _____ day of _____, 20_____		

Attention:

When you submit your application, you also need to provide: 1). a copy of the current business certificate
2). a copy of latest pay-stub and, 3). A set of photocopies of 2 pieces of your ID.