

# D'Angelo Homes

1255 Terwillegar Avenue, Unit 1A  
Oshawa, Ontario  
L1J 7A4

PLEASE READ APPLICATION CAREFULLY

## TENANCY APPLICATION

DATE: \_\_\_\_\_ SOCIAL INSURANCE # \_\_\_\_\_  
NAME(S) \_\_\_\_\_ - - - - -  
\_\_\_\_\_ - - - - -  
\_\_\_\_\_ (Co-Signor) \_\_\_\_\_ - - - - -

HOW DID YOU HEAR ABOUT US? Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Sign \_\_\_\_\_ Friend \_\_\_\_\_

PREMISES APPLIED FOR:

Suite # \_\_\_\_\_ Unit Type: Small 1 Bdm / 1 Bdm / 2 Bdm Balcony / No Balcony

Address: \_\_\_\_\_ Bloor Street West, Oshawa

# PARKING SPOTS REQUESTED Outside \_\_\_\_\_ Underground \_\_\_\_\_ Garage \_\_\_\_\_

DETAILS OF OCCUPANCY:

TERM TO COMMENCE \_\_\_\_\_, 200\_\_ TERM TO END \_\_\_\_\_ 201\_\_

### PROPOSED OCCUPANTS

NAME	AGE	NAME	AGE

Monthly Rental	\$ _____	Pro-rated Rent	\$ _____
Parking Underground (\$32.00 ea)	\$ _____	First Months Rent	\$ _____
Parking Outdoor (\$18.00 ea)	\$ _____	Last Months Rent	\$ _____
Parking Garage (\$42.00 ea)	\$ _____	Less Deposit	\$ _____
<b>Monthly Total</b>	<b>\$ _____</b>	<b>Amount Due</b>	<b>\$ _____</b>

AMOUNT TO BE RECEIVED WITH APPLICATION BY CASH, MONEY ORDER, OR  
CERTIFIED CHEQUE ONLY - **\$100.00 AND PROOF OF INCOME.**

Monthly total payable in advance on the first day of each month. All monthly defaults are subject to penalty of \$50.00. I have read and agree to pay this penalty in case of default. Tenant(s) agree to submit to the office a series of post-dated rent cheques. Tenant(s) agree that none of the following are to be placed on the premises: waterbed, dishwasher, clothes washer and dryer.

This application is to be binding upon the tenant for a period of seven days from the date hereof, during which time this application shall be open for acceptance by or on behalf of the landlord; deposit to be returned to the tenant only if this application is not accepted by the landlord within the aforementioned time. Upon acceptance this application shall form part of the Tenancy Agreement. The tenant(s) agrees to duly sign the pertaining Tenancy Agreement prior to possession of the suite herein before applied.

THE FEDERAL GOVERNMENT ENACTED THE PERSONAL PRIVACY PROTECTION LEGISLATION ON JANUARY 1, 2004. WE ARE NOW REQUIRED TO OBTAIN CONSENT FOR THE COLLECTION AND RETENTION OF PERSONAL INFORMATION. THE SPECIFIC INFORMATION THAT IS REQUIRED IS YOUR NAME, ADDRESS, TELEPHONE NUMBER, BANKING INFORMATION, CREDIT CARD NUMBER, SOCIAL INSURANCE NUMBER, DATE OF BIRTH, EMPLOYMENT STATUS, VERIFICATION OF PERSONAL INCOME AND PERSONAL REFERENCES. THE APPLICANT IS AWARE OF AND AGREES TO THE LANDLORD OBTAINING A CREDITORIAL REPORT OR CONSUMER REPORT FOR THE APPLICANT HEREIN.

THE ABOVE INFORMATION WILL BE COLLECTED PURSUANT TO THE RECEIPT OF A TENANCY APPLICATION WITH D'ANGELO HOMES AND WILL BE THE PROPERTY OF D'ANGELO HOMES. PLEASE NOTE- PROCESSING OF THE APPLICATION WILL NOT BE STARTED IF THE ABOVE INFORMATION IS NOT ENCLOSED WITH THE APPLICATION. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE SUPERINTENDENT OF THE BUILDING OR OUR HEAD OFFICE AT (905) 571-0085.

I GIVE MY CONSENT TO D'ANGELO HOMES TO RETAIN THIS PERSONAL INFORMATION.

YES  NO

WE CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

_____ WITNESS	_____ APPLICANT
_____ WITNESS	_____ APPLICANT
_____ WITNESS	_____ CO-SIGNOR

Accepted this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
Property Manager for Landlord

# TENANT PARTICULARS

MUST BE COMPLETED IN FULL. PLEASE PRINT CLEARLY.

DETAIL	APPLICANT #1	APPLICANT #2	CO-SIGNOR
NAME			
SOCIAL INSURANCE #			
DATE OF BIRTH			
PRESENT ADDRESS			
CITY, PROVINCE			
POSTAL CODE			
LENGTH OF RESIDENCE			
HOME PHONE #	( ) -	( ) -	( ) -
WORK PHONE #	( ) -	( ) -	( ) -
CELL PHONE #	( ) -	( ) -	( ) -
E-MAIL ADDRESS			
LANDLORD'S NAME			
LANDLORD'S PHONE #	( ) -	( ) -	( ) -
PREVIOUS ADDRESS			
CITY, PROVINCE			
POSTAL CODE			
PREV. LANDLORD NAME			
PREV. LANDLORD'S #	( ) -	( ) -	( ) -
LENGTH OF RESIDENCE			
ANNUAL INCOME			
EMPLOYER'S NAME			
EMPLOYER'S PHONE #	( ) -	( ) -	( ) -
EMPLOYER'S ADDRESS			
CITY, PROVINCE			
POSTAL CODE			
OCCUPATION			
LENGTH OF EMPLOYMENT			
NAME OF BANK			
BRANCH			
ACCOUNT NUMBER			
TYPE OF ACCOUNT			
AUTO MAKE & MODEL			
AUTO YEAR & COLOUR			
LICENSE PLATE #			
DRIVER'S LICENSE #			

**REFERENCES (NO RELATIVES PLEASE)**

(1) Name \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_  
 (2) Name \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_  
 (3) Name \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_

In Case of Emergency, contact \_\_\_\_\_  
 Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_  
 Relationship \_\_\_\_\_

This above information is strictly confidential.  
 I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

\_\_\_\_\_  
 WITNESS  
 \_\_\_\_\_  
 WITNESS  
 \_\_\_\_\_  
 WITNESS

\_\_\_\_\_  
 APPLICANT #1 SIGNATURE  
 \_\_\_\_\_  
 APPLICANT #2 SIGNATURE  
 \_\_\_\_\_  
 CO-SIGNOR SIGNATURE