PINNACLE PROPERTY MANAGEMENT 200 DUNDAS STREET, EAST #201 BELLEVILLE, ONTARIO K8N 1E3 TEL. (613) 966-3883 FAX (613) 966-8006

RENTAL APPLICATION

	Date	
1. APPLICANT(S) NAME(S) (1).	PRESENT ADDRESS:	
		City
TELEPHONES: Home (1)		Office (1)
(2)		(2)
2. PREMISES APPLIED FOR: Suite No.	Type of Suite	Ruilding No.
Building Name:		S. C.
Address		
Parking privileges required for priva	private passenger automobiles. Out	Outside 🗌 Underground 🔲 Carport 🔲 Garage 🔲 Other 🗌
3. DETAILS OF OCCUPANCY		Pets:
Proposed Occupancy - Date of Births		Smoker:
APPLICANT NAMES	DATE OF BIRTH	NAMES DATE OF BIRTH
Term to commence	20	Term to end 20.
Date accommodation required		Lease
4. RENTAL INFORMATION: Rent Monthly rent Parking: Outside \$		
Carport \$	(Payable in advance at the first of each month)	ach month)
Pro-rated Rent A pro-rated rent of \$	is to be paid in advance to cover the period from	e period from20
Utilities I agree to nay for the following services any		to
I agree to pay for the following services applicable to the desired premises: Summary of monies to be paid:		Electricity
Prepaid last month's rent: \$ Total \$		
pplication	***************************************	
Particulars) to be true, and deposit with the Landlord the sum of \$	dlord the sum of \$	diord the sum of \$
I/We hereby consent to having Pinnacle Property Man	perty Management conduct or cause to be	conducted a personal credi
Witness		X Tenant
ANDLORD		
(Landiord)	;	Landlord or Agent
Tar		Targoto of Cigarita

(The Company undertakes to treat the information provided by the Applicant in a confidential manner)

Please provide proof of income with application.

6. APPLICANT'S PARTICULARS:

	I certify that the above information is complete and correct.	Phone No	in case of emergency, contact	(3)	(2)	Name (1)	REFERENCES: Other than relatives (must be completed in full)	Driver's Lic. Number Copy of D.L. / ID	Licence Number (Auto)	Colour of Auto	Year of Auto	Make of Auto	Branch	Name of Bank	Length of Employment	Previous Employer's Name	Occupation	Length of Employment	Employer's Telephone Number	Employer's Name	Annual Income Proof of Income	Social Insurance Number	Previous Landlord's Name, Address and Telephone Number	How long did you live at your previous address?	What is your previous address	Landiord's Name, Address and Telephone Number	How long have you lived at your present address		: : : : : : : : : : : : : : : : : : : :
×	is complete and correct.	Relationship			Street City	Address	(must be completed in full)																					APPLICANT	
(Applicant's Signature)	(Applicant's 'Signature')					Telephone No. Occupation																						CO-APPLICANT	

Name	Address		Telephone No.	Occupation
(1)	Street	City	City	
(3)				
in case of emergency, contact			·	
Phone No	Phone No.	Relationship	Relationship	
I certify that the above information is complete and correct.	complete and correct.	×		
		×		