



## Rental furnished apartment application

### TO FILL UP BY THE APPLICANTS

Building Address : \_\_\_\_\_ Rent price : \_\_\_\_\_ \$

Occupancy date: D \_\_\_\_\_ / M \_\_\_\_\_ / Y \_\_\_\_\_

NUMBER OF PERSONS WHO WILL LIVE IN THE APARTMENT : Adults \_\_\_\_\_ | Children \_\_\_\_\_

Deposit : 200\$ Cash  Check  Electronic Funds Transfer

The 200.00\$ dollars deposit is not refundable in case of cancellation by the clients or if the information provided is not accurate.

DVD 20\$  VIDÉO 20\$  ADDITIONAL BEDDING 10\$   
 ADDITIONAL TWIN BED 50\$  ADDITIONAL DOUBLE BED 60\$

If you have an air conditioning – we install it (plexiglass included) 75\$

**NOTE : Internet in not available in all furnished apartments**

Special clauses: \_\_\_\_\_

Referred by : Le Droit  Web  Others  (specified) \_\_\_\_\_

Renting agent, if name known \_\_\_\_\_

### RESERVED TO ADMINISTRATION

Amount \_\_\_\_\_ \$ Deposit date \_\_\_\_\_

Rental agent notified  Janitor notified

Thanks reference

Application accepted  Application rejected  Date : \_\_\_\_\_

Remarks : \_\_\_\_\_

### APPLICANTS

1 <sup>st</sup> person	2 <sup>nd</sup> person
Family name :	Family name :
First name :	First name :
F <input type="checkbox"/> M <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>
Date of birth : (D) / (M) / (Y)	Date of birth : (D) / (M) / (Y)

Social insurance :	Social insurance :
Actual address :	Actual address :
City :	City :
Postal Code :	Postal Code :
Telephone (Home) :	Telephone (Home) :
Telephone (Work) : Ext :	Téléphone (Work) : Ext :
Cell phone :	Cell phone :
E-mail :	E-mail :
Driver's License Permit : Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License Permit : Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver's license number :	Driver's license number :
Do you have a vehicle ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a vehicle ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Plate number :	Plate number :
At the actual address are you : Tenant <input type="checkbox"/> Owner <input type="checkbox"/>	At the actual address are you : Tenant <input type="checkbox"/> Owner <input type="checkbox"/>
For how long : years / months	For how long : years / months
Actual owner's name :	Actual owner's name :
Telephone: Ext :	Telephone: Ext :
Previous address :	Previous address :
Previous owner's name :	Previous owner's name :
Telephone: Ext :	Telephone: Ext :
<b>WORKING REFERENCES</b>	
Employer (Company name) :	Employer (Company name) :
Address:	Address:
City:	City :
Supervisor name:	Supervisor name:
Telephone: Ext :	Telephone: Ext :
Your occupation :	Your occupation :
Annual salary :	Annual salary :
Years of service :	Years of service :
Previous employer :	Previous employer :
Address :	Address :
Telephone: Ext :	Telephone: Ext :



Application date