

RENTAL APPLICATION FORM

***HOUSING Provider's Name** **Kenmau Ltd., Property Management**
142 Division Street, Trenton, ON K8V 4X2
Phone: 613-392-2601 Fax: 613-392-1519 Website: www.kenmau.ca

If this application is not completed in full the application will not be processed:

I agree if my application is accepted but the tenant who currently occupies the subject premises fails or refuses to vacate the premises prior to the intended commencement of my tenancy, then I shall only be entitled to the return of any money paid to the landlord, without interest or deduction, and my right to the proposed tenancy shall come to an end, without any further claim against the landlord.

Today's Date: _____ Date unit required: _____

Please indicate property required: Bachelor One Bedroom two bedroom three bedroom

Please indicate address(es) of interested property _____

*APPLICANT'S INFORMATION	Applicant 1	Applicant 2	Applicant 3
First Name:			
Middle Initial:			
Last Name:			
Email Address:			
SIN (Optional):			
Date of Birth (yyyy/mm/dd):			
Daytime Tel. No.:			
Cell. No.:			
Driver's License No (Optional for Viewing):			
Make of Vehicle:			
Colour of Vehicle:			
Year:			
Plate No (Optional For Viewing):			
Do you have Tenant's Insurance?			

SPOUSE AND/OR OCCUPANTS (Complete for spouse or other person(s) who is to be a co-tenant)

Person(s) who intend to co-occupy the Premises in addition to the Applicant:

*Co-occupants (if applicable)	Applicant 1	Applicant 2	Applicant 3
CHILDREN ages:			

***ADDRESS HISTORY** Starting with your current address list 1 previous address ([minimum 5 year address history](#))

*Current Address first	Applicant 1	Applicant 2	Applicant 3
Current Unit Number:			
Address:			
City, Province and Postal Code:			
Current Monthly Rent:			
Reason for leaving:			
Number of years at this address:			
Landlord's Name:			
Landlord's Phone:			
Ever been Evicted:			
Reason for Eviction:			

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*Previous Address	Applicant 1	Applicant 2	Applicant 3
Previous Unit Number:			
Street Number:			
Street Name:			
City:			
Postal Code			
Number of years at this address:			
Landlord Name:			
Landlord Phone #:			
Reason for Leaving:			
*EMPLOYMENT HISTORY	Applicant 1	Applicant 2	Applicant 3
Present Employer's Name:			
Position:			
Length of Employment:	Yrs. Mos.	Yrs. Mos.	Yrs. Mos.
Field of Employment:			
Length in Field of Employment:	Yrs. Mos.	Yrs. Mos.	Yrs. Mos.
Monthly/Annual Income:	/	/	/
Contact Name & Phone #:			
Previous Employer's Name:			
Position:			
Length of Employment:	Yrs. Mos.	Yrs. Mos.	Yrs. Mos.
Field of Employment (if different from above):			
Length in Field of Employment:	Yrs. Mos.	Yrs. Mos.	Yrs. Mos.
Monthly / Annual Income:	/	/	/
Contact Name & Phone #:			
	Applicant 1	Applicant 2	Applicant 3
Annual Income from all sources			
Ontario Works:			
O. D. S. P			
Have you ever rented from Kenmau Ltd: If Yes date and address:			
PETS: (Type & Size)			
Where required, are pets licensed and up-to-date with vaccination: (proof must be submitted at time of lease signing)			