

Residences of Gateway

APPLICATION FOR RESIDENTIAL TENANCY

Please return to Corinne Cleary. Should you have any questions in regard to this application, please don't hesitate to call me at work: **(705) 761-7550 or (705) 741-0004**. The application may be e-mailed to ccontherun@yahoo.ca <mailto:ccontherun@yahoo.ca> or faxed to **705-741-4249**

NO PETS ALLOWED. All leases are for a 12 month period

NAME _____ AGE _____

I am seeking to lease a room only _____.
I will be leasing with three friends _____.

PERSONAL INFORMATION:

*Please note that should your application be acceptable it will be necessary to have an approved person co-sign the lease before you will be accepted and a lease issued.

Phone Number _____ SIN number _____

Contact for Emergency Purposes _____

Parents name(s) _____ and _____

Address _____ Phone Number _____

Position _____ Length of Employment _____

Income range _____ Will student be using OSAP _____

Second year students please provide the following information;

Present Address _____

Monthly Rent _____ Including Heat _____ Including Hydro _____

Landlord's Name _____ Phone # _____

Landlord's Address _____

REFERENCES: NAME ADDRESS PHONE RELATIONSHIP

1. _____

2. _____

The statements made herein are true to the best knowledge of the applicant(s) and permission is given for necessary parties to make whatever requests that are necessary regarding the above information. It is agreed that there is no representation or conditions affecting this agreement or the premises other than as expressed herein in writing.

Dated at _____ this _____ day of _____, 200_____

LESSEE