

388 KASLO RENTAL APPLICATION



Desired Suite Type / Level / Unit #: _____

Approx. Montly Rental Budget (\$): _____

Full Legal Name 1: _____

Email 1: _____

Phone 1: _____

SIN # / Age: _____ / _____

Full Legal Name 2: _____

Email 2: _____

Phone 2: _____

SIN # / Age: _____ / _____

Present Address: _____

City, Prov, Country: _____

Landlord's Name: _____

Landlord's Phone: _____

Length of Stay: _____

Reason for Leaving: _____

Present Address: _____

City, Prov, Country: _____

Landlord's Name: _____

Landlord's Phone: _____

Length of Stay: _____

Reason for Leaving: _____

Previous Address: _____

City, Prov, Country: _____

Landlord's Name: _____

Length of Stay: _____

Reason for Leaving: _____

Previous Address: _____

City, Prov, Country: _____

Landlord's Name: _____

Length of Stay: _____

Reason for Leaving: _____

Occupation: _____

Monthly Income: _____

Length of Employment: _____

Employer's Name: _____

Employer's Phone: _____

Employer's Address: _____

Occupation: _____

Monthly Income: _____

Length of Employment: _____

Employer's Name: _____

Employer's Phone: _____

Employer's Address: _____

Driver's License #: _____

(or Passport / Government Issued ID #)

Car Plate# Make & Yr: _____

(if applicable)

Driver's License #: _____

(or Passport / Government Issued ID #)

Car Plate# Make & Yr: _____

(if applicable)

Other References: _____

Reference Phone #: _____

Other References: _____

Reference Phone #: _____

Total # of persons in tenancy: _____

Person 3: _____

Age: _____

Person 4: _____

Age: _____

Person 5: _____

Age: _____

- ADDITIONAL OPTIONS
- Do you need to rent an underground parking stall? No, I take transit, bike &/or walk Yes, I need _____ stall.
 - Do you need to rent an underground storage locker? No Yes
 - Kaslo is pet-friendly! Will a pet be staying with you? No Yes, I have a _____.

CONSENT For the purpose of determining whether my application for tenancy is acceptable, I hereby consent to Warrington PCI Management obtaining credit/personal information reports on me from one or more consumer reporting agencies or from other sources of such information. I authorize the reporting agencies and other persons to disclose information on me to the landlord or his agent.

ACKNOWLEDGEMENT I confirm that I have received and read the following information (please initial):

Disclosure of Representation in Trading Services

Disclosure of Risks to Unrepresented Parties

Signature of Adult Applicant 1

Date

Signature of Adult Applicant 2

Date



Developed by PCI Developments



Professionally managed by Warrington PCI Management