

APPLICATION FOR TENANCY

THE LANDLORD OR LANDLORD'S AUTHORIZED AGENT (called the "Landlord")
MUST COMPLETE ALL BLANKS IN **OFFER TO RENT** SECTION.

A. OFFER TO RENT

I/We, the undersigned (called the "Applicant"), offer to rent a rental unit in Alberta known as:

Suite no. _____ Building Address _____ (the residential property.)

at a monthly rent of \$ _____ plus parking fees of \$ _____ plus other fees of \$ _____ for a total monthly cost of \$ _____.

The above rent includes only the utilities checked below. Payment for all other utilities is the tenant's responsibility.

Heat ☐ Water Supply ☐ Hot Water ☐ Electricity ☐ Cablevision ☐ Gas to Fireplace ☐ Garbage/Recycling Collection ☐ Sewage Disposal ☐ Other _____ ☐

DATE OCCUPANCY DESIRED _____

Landlord's Name _____

Landlord's Address _____

Phone No. _____

The Applicant agrees that if this offer is accepted, it becomes a binding Agreement and the Applicant will subsequently sign the Landlord's Residential Tenancy Agreement that the Applicant has had an opportunity to examine. The Applicant acknowledges that **pets, barbeques, waterbeds and aquariums are not allowed** without advance written permission of the Landlord. The Tenancy Agreement will also include specific terms related to the following:

If this offer is accepted and the Applicant fails to sign the Landlord's Residential Tenancy Agreement, or to take possession of the rental unit, the Applicant will be liable for the payment of the equivalent of up to one month's rent to the Landlord and any related expenses incurred by the Landlord.

The Applicant herewith makes an **Application Deposit** of \$ _____ (**this is not a security deposit**) that will be applied to the first month's rent if this offer is accepted. If this offer is not accepted, the application deposit will be returned.

If this offer is accepted, the Applicant will pay a **Security Deposit** of \$ _____ to the Landlord. If the Landlord permits the Applicant to have a pet, an additional **Pet Damage Deposit** of \$ _____ will be paid to the Landlord. The Landlord will hold the Deposit(s) until the tenancy ends.

This offer is subject to acceptance by the Landlord and is open for acceptance until 5:00 pm _____ . If not accepted by that time, this offer is void.

Date

B. FIRST APPLICANT'S PRIMARY INFORMATION

| | | | | | | | | | | |
|----------------------------------|---------------------------------|------------|--|--------------------|------|-------------------------------------|----------------------------|--|----------------------|--|
| Last Name | | First Name | | Middle Name | | Date of Birth Month / Day / Year | | Social Insurance Number* (Optional) | | |
| Present Address: | | | | | City | | Postal Code (Mandatory) | | Primary Phone No. | |
| Rent <input type="checkbox"/> | Own <input type="checkbox"/> | How Long? | | Reason for Leaving | | | | | Current Rent \$ | |
| Previous Address: | | | | | City | | Postal Code (Mandatory) | | | |
| Rent <input type="checkbox"/> | Own <input type="checkbox"/> | How Long? | | Reason for Leaving | | | | | Final Rent \$ | |

C. CO-APPLICANT'S PRIMARY INFORMATION (Complete the following only where different from the First Applicant's information)

| | | | | | | | | | | |
|----------------------------------|---------------------------------|------------|--|--------------------|------|-------------------------------------|----------------------------|--|----------------------|--|
| Last Name | | First Name | | Middle Name | | Date of Birth Month / Day / Year | | Social Insurance Number* (Optional) | | |
| Present Address: | | | | | City | | Postal Code (Mandatory) | | Primary Phone No. | |
| Rent <input type="checkbox"/> | Own <input type="checkbox"/> | How Long? | | Reason for Leaving | | | | | Current Rent \$ | |
| Previous Address: | | | | | City | | Postal Code (Mandatory) | | | |
| Rent <input type="checkbox"/> | Own <input type="checkbox"/> | How Long? | | Reason for Leaving | | | | | Final Rent \$ | |

D. APPLICANT'S STATEMENTS

I/We do not own any pets ☐ I/We own a pet or pets ☐ If owned, describe pet(s) _____

I/We are non-smokers ☐ I/We are smokers ☐ As co-applicants we consent to a joint credit report Yes ☐ No ☐

NOTE: Landlords are not responsible for tenants' possessions. If accepted you must carry tenants' insurance covering your possessions and protecting you against liability.

I/We presently insure our belongings and for third party liability Yes ☐ No ☐

E. CONSENT

The Applicant consents to the Landlord obtaining credit, personal and employment information on the Applicant from one or more consumer reporting agencies and from other sources of such information. The Applicant authorizes the reporting agencies and any other person, including personnel from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord. If this application is accepted, the Applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.

F. APPLICANT'S SIGNATURES

NOTE: Do not sign this application unless Section A is complete and you have read it.

I/We certify that all information provided by me/us in this Application is true and correct.

Applicant's Signature _____

Date Signed _____

Co-Applicant's Signature _____

Date Signed _____

G. LANDLORD'S ACCEPTANCE

NOTE: Do not sign this form unless you decide to accept the Applicant(s) as your tenant(s).

The above Applicant(s) are accepted for tenancy, commencing _____

Date of Occupancy

Landlord's Signature _____

Date Signed _____

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APPLICATION FOR TENANCY

NOTE TO LANDLORD: If pages one and two are separated, enter the Applicant's name(s) and date of application below

First Applicant: _____ Co-Applicant: _____

Date of Application: _____

H. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION

| | | | |
|--|---------------------------------|----------------|--|
| Secondary Phone No. | Cell No. | Fax No. | Work Phone No. |
| Email Address: | | Photo ID Shown | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Present Landlord/Building Manager's Name | Address | | Phone No. |
| Previous Landlord/Building Manager's Name | Address | | Phone No. |
| Employer | Position | | Monthly Income |
| Supervisor's Name | Supervisor's Phone No. | | How long employed |
| Previous Employer | Position | | Monthly Income |
| Previous Supervisor's Name | Previous Supervisor's Phone No. | | How long employed |
| Please give the name of a business or personal reference: | | | |
| Name | | Address | |
| | | Phone No. | |
| Please give the name of next of kin, doctor or other person for emergency contact purposes: | | | |
| Name | | Address | |
| | | Phone No. | |
| Name | | Address | |
| | | Phone No. | |

I. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete the following only where different from the First Applicant's information)

| | | | |
|--|---------------------------------|----------------|--|
| Secondary Phone No. | Cell No. | Fax No. | Work Phone No. |
| Email Address: | | Photo ID Shown | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Present Landlord/Building Manager's Name | Address | | Phone No. |
| Previous Landlord/Building Manager's Name | Address | | Phone No. |
| Employer | Position | | Monthly Income |
| Supervisor's Name | Supervisor's Phone No. | | How long employed |
| Previous Employer | Position | | Monthly Income |
| Previous Supervisor's Name | Previous Supervisor's Phone No. | | How long employed |
| Please give the name of a business or personal reference: | | | |
| Name | | Address | |
| | | Phone No. | |
| Please give the name of next of kin, doctor or other person for emergency contact purposes: | | | |
| Name | | Address | |
| | | Phone No. | |
| Name | | Address | |
| | | Phone No. | |

J. OTHER ADULT OCCUPANTS – Full names of all other adult persons (age 18 or older) to occupy this rental unit

| | | | | | |
|-----------|------------|-------------|-----------|------------|-------------|
| Last Name | First Name | Middle Name | Last Name | First Name | Middle Name |
| Last Name | First Name | Middle Name | Last Name | First Name | Middle Name |

K. OTHER MINOR OCCUPANTS – Full names of all other persons under age 18 (including infants) to occupy this rental unit

| | | | | | |
|-----------|------------|-----|-----------|------------|-----|
| Last Name | First Name | Age | Last Name | First Name | Age |
| Last Name | First Name | Age | Last Name | First Name | Age |

NOTES TO APPLICANT(S):

1. Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.
2. The information you provided on this page continues as part of your Application for Tenancy. Your signature on the first page confirms all information on both pages is true and correct.

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