



ASCOT
GROUP

DEVELOPMENTS
PROPERTIES
RESTAURANTS
STORAGE

APPLICATION FOR RENTAL ACCOMMODATIONS

**** CONFIDENTIAL ****

Date to Move In: _____ Suite #: _____ Building: _____

NAME (last): _____ (first): _____ (middle): _____

DATE OF BIRTH (M/D/Y): ____/____/____ HOME PHONE #: _____

SOCIAL INSURANCE #: _____ ALTERNATE #: _____

CURRENT ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____

REASON FOR LEAVING: _____

LANDLORD NAME: _____ PHONE #: _____

PREVIOUS ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

LENGTH OF TIME AT PREVIOUS ADDRESS: _____

PREVIOUS LANDLORD: _____ PHONE #: _____

ADDRESS: _____

EMPLOYER: _____ ADDRESS: _____

CONTACT NAME: _____ PHONE # _____

LENGTH OF TIME AT EMPLOYMENT: _____ MONTHLY INCOME \$ _____

STUDENT: YES _ NO _ SCHOOL: _____

STUDENT LOAN: YES _ NO _ OTHER _ _____

I believe the above information to be complete and true to the best of my knowledge. FALSIFYING ANY INFORMATION MAY LEAD TO YOUR APPLICATION BEING REJECTED. By signing below I give permission to make a TENANT CHECK and a CREDIT BUREAU REPORT.

Signature: _____ Date: _____