



28 Industrial Street, Unit #203  
Toronto, Ontario M4G 1Y9  
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www.aristocrat.ca  
propertymanagement@aristocrat.ca

Apartment Applied For: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Move In: \_\_\_\_\_

**APPLICANT'S PARTICULARS**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SIN No.: \_\_\_\_\_  
month/day/year

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Rental history. Starting with your current address list at least 1 prior address going back to a maximum 7 years.

Address                      City                      Postal Code                      No. of Years                      Landlord's Name                      Landlord's Telephone No.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Plate No.: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Bus Tel No.: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**OCCUPANTS (Complete separate application for spouse or other person(s) who is to be co-tenant.**

Person(s) who intend to occupy the premises in addition to the applicant:

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCES**

Name                      Address                      Telephone                      Employer's Name                      Employer's Telephone

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

In case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND CHECKS**

You may obtain credit or personal information about me from any credit bureau, my employer or any person, in connection with the premises applied for, the tenancy agreement if entered into, or any extension or renewal of such tenancy agreement. You may disclose (automatically or upon request) credit information about me to a credit bureau, and to persons with whom I have or propose to have financial dealings, or if you believe disclosure is required by law. I verify that all statements on this application are true and I authorize verification of all references given.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_