## **KLEMENCIC PROPERTIES RENTAL APPLICATION**



Phone: 613-392-7839 Fax: 613-392-0726

499 Dundas St. Trenton, Ontario K8V 6C4 www.klemencicproperites.com

Email: klemencicproperties@cogeco.net

Area Requested		Date Required	
Please complete in fo	ull and print clearly.	All information given is kept str	ictly confidential
TELL US ABOUT YOURSELF:			
Last Name:	First Name:	Mid	dle:
S.I.N. #: Date	Date of Birth: Monthly Income:		come:
Home Phone:	Bu	siness Phone:	
E-mail Address:			
Bank Name:	Branch #:		
Driver's License Number:	Expiry Date:		
License Plate Number:	Make of	Vehicle	Year:
MARITAL STATUS: Single: □ Married: □ Common-Law: □	Divorced: □ Wid	owed: □ Separated: □	
CHILDREN: Yes:  No:  No:  No	umber of children:	Ages:	
PETS:	V Na. m	Haur many Pete	2
Do you or other occupants have a pet?	Yes:□ No:□	How many Pets	r
f yes, kind:	Weight:	Breed:	Age
f no, do you plan to have a pet? Yes: 🗆	No: □		
GENERAL: Number of bedrooms required? 1 □	or 2 🗆		
Why are you leaving your present resider	nce?		
Do you or any other proposed occupants Will you permit smoking in your unit? Ye		o: 🗆	
Have you or any proposed occupant ever Have you or any proposed occupant beer			rental property? Yes: 🗆 No: 🗆
Do you have or intend to acquire an air co There is a \$40.00 fee per month for havin			otember Initial Here

RENTAL HISTORY:		
Present Address:	Rent 🗆	Ow
City / Province:	Postal Code:	
Move-In Date: Move-Out Da	ate:Amount or Rent P	Paid
Present Landlord's Name:		
Landlord's Phone Number:		
Prior Address		
City / Province:		
Move-In Date: Move-Out Da		
Prior Landlord's Name:		
Landlord's Phone Number:		
Have you previously rented from us? Yes □ No	o 🗆 Location	Year
EMPLOYMENT HISTORY:		
Do you work: Full Time:   Part Time:	Are you a student? Yes: □ No: □	
Present Employer:	Bus. Phone #:	
Length of Employment:	Occupation:	
Income Sources if not employed: 1)	2)	
EMERGENCY CONTACT:		
Name:	Phone Number:	
Address:	City/Province:	
Relationship:		
In the event of a serious illness or death of residenter the apartment and remove all contents.	dent, the above person is ( ) or is not ( ) a	authorized to

OTHER OCCUPANTS: Names of	of all persons under age 1	8 who will occupy the unit without signing the lease.				
Name:	Name:	Name:				
Date of Birth:	Date of Birth:	Date of Birth:				
Relationship:	Relationship:	Name: Date of Birth: Relationship:				
In the event that Stan Klemencic Builder Limited does not accept this application, I understand that reasons for refusal may not be divulged. If an application to rent is accepted first and last month's rent must be paid by CASH, DEBIT, CERTIFIED CHEQUE or MONEY ORDER. I understand that the submission of this completed application and the applicable deposit constitutes a commitment to rent the said unit. I understand that if I cancel the application after approval, my deposit will be non-refundable. Stan Klemencic Builder Limited will apply said deposit to re-advertisement costs to find a new tenant, administrative costs to process a new tenant's application, and any loss of income as a result of such cancellation and all the other expenses incurred. I further understand that the lease must be signed within 10 days after the date of approval.  I acknowledge and agree that in the event that this application is accepted and in the event that the existing occupant of the said unit fails to vacate prior to my commencement of occupancy, I shall only be entitled to the return of any monies paid with this application, without interest of deduction, and without any entitlement to occupy the said unit. The intent being that neither the Landlord nor its Agent will be liable or responsible to me for any loss, damages or costs incurred by myself resulting from the existing occupant's failure to vacate the premises and the inability of the Landlord to deliver possession of						
I certify that the information given is complete and correct and I understand that this application will be revoked if any information is incorrect or incomplete. I authorize verification of this application, references, and credit record, as the Landlord may deem necessary at any time before, during or after tenancy.  I authorize Stan Klemencic Builder Limited to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect Stan Klemencic Builder Limited and myself from fraudulent transactions. I also authorize Stan Klemencic Builder Limited to obtain a personal credit report related to this application and to verify directly the information I have supplied above.  The undersigned hereby consents to the collection and use of personal information about me in accordance with The Personal Information Protection and Electronic Documents Act.						
→ Applicant's Signature:		Date:				
SUPERINTENDENT AND OFFIC						
Apartment:	Date of Oc	cupancy: Debit:				
Deposit Pd: Cash:	Bank Draft/MO:	Debit:				
Rent Amount:	Extra Parking:	Air Conditioner Fee:				
Name of referral:						
Parking Spaces:	ing Spaces: Charge:					
Approved By:	Approved By: Date:					
Comments:						

Klemencic Properties Rental Application

Date: July 9/2015