

Application for Apartment Rental

Les Propriétés Victoria

5003 Earncliffe, Suite 1,
Montreal, QC H3X 2P4
tel(514) 481-5980 fax 514-369-2668

Guarantor for: _____

PLEASE PRINT THE INFORMATION

Address: _____ # Apt.: _____ # Rooms: _____ Rent (\$): _____ Garage (\$): _____

Start of lease: _____ # Occupants: _____ # Adults: _____ # Children: _____

APPLICANT	APPLICANT 1	APPLICANT 2 / GUARANTOR
Given Name, Family Name		
Present Address & Postal Code		
Phone at Home	()	()
Phone at Work	()	()
Marital Status		
Birth Date		
Social Insurance No.		
Occupation		
Date started to work		
Weekly Salary		
Email		
Emergency Contact		
Relation & Phone		

PRESENT RENTAL		
Name of Owner		
Phone	()	()
Since		
Rent per Month		
Reason of Leaving		

PRESENT EMPLOYER		
Name (Employer or company)		
Address		
Phone	()	()

BANK		
Bank Name		
Address		
Phone	()	()
Account No.		

The undersigned declares that the information in this form is true according to their knowledge and understand that the information will be used for credit references. The applicant authorizes Les Propriétés Victoria to make all necessary inquiries in order to take a decision to rent an apartment: The undersigned authorized Les Propriétés Victoria to divulge the information in order to obtain credit references.

Terms for renting an apartment:

1. Complete application and submit a \$100.00 deposit towards the first month rent. You will get a receipt for your deposit.
2. It takes up to three (3) working days to process your application. When it is approved, we will contact you to sign a lease and pay the balance of the first month rent.
3. If you do not sign your lease within one (1) week of being notified, you will forfeit your deposit and the landlord may rent the above-mentioned apartment to another applicant.
4. If we refuse your application, we will refund your deposit when you return your receipt.

Applicant sign: _____	Spouse/Guarantor sign: _____
Date: ____ / ____ / ____ dd mm yyyy	Deposit Received: _____