

Rental Application

SINGLE
 DOUBLE

Les Appartements Hochelaga
 8649 rue Hochelaga
 Montréal, QC
 H1L 2M5

LANDLORD Les Appartements Hochelaga		DATE	
ADDRESS OF APARTMENT		MONTHLY RENT	
PARTICULAR CONDITIONS			
<input checked="" type="checkbox"/> HEATED		<input checked="" type="checkbox"/> HOT WATER	
<input checked="" type="checkbox"/> APPLIANCES		<input checked="" type="checkbox"/> RENTAL INSURANCE REQUIRED	
<input checked="" type="checkbox"/> DOGS ALLOWED		<input checked="" type="checkbox"/> SMOKING	
NAME #1	DATE OF BIRTH #1	SOCIAL INSURANCE NUMBER #1	
CURRANT ADDRESS #1		TELEPHONE #1	
LANDLORD'S PHONE NUMBER:		EMAIL #1	
OCCUPATION #1	EMPLOYER #1 NAME AND NUMBER	SALARY #1	
NAME #2	DATE OF BIRTH #2	SOCIAL INSURANCE NUMBER #2	
CURRANT ADDRESS #2		TELEPHONE #2	
LANDLORD'S PHONE NUMBER:		EMAIL #2	
OCCUPATION #2	EMPLOYER #2 NAME AND NUMBER	SALARY #2	
<p>NOTICE TO POSTULANT: Following this rental offer, the landlord will proceed to a verification of the information supplied, either by a credit check through an independant company registered in virtue of the access to information laws or through telephone contacts. The information inthe present document is confidential and will only be used to verify my solvency and my eligibility to obtain this apartment.</p>			
			_____ INITIALS
<p>AUTHORIZATION: I authorize the landlord or his representative to obtain or exchange my personal and/or credit information in order to establish my capacity regarding the obligations of the lease, any falsified or omitted facts could invalidate this offer.</p>			
_____ SIGNATURE #1		_____ SIGNATURE #2	
		_____ DATE	