

#### Saylah Suites Property Management Ltd

PO BOX 780 White City, SK, S4L5B1

E-mail: saylahsuites@gmail.com

Phone: (306) 535-2065

# **RENTAL APPLICATION**

The undersigned hereby makes	n application to rent the following property:
Anticipated move date ofsecurity deposit of \$	at a monthly rent of \$ and
<u>PL</u> 1	ASE TELL US ABOUT YOURSELF
Full Name:	Home Phone: ()
Other Phone: ()	Date of Birth:
Social Security Number:	Email Address:
Co-Applicant Name:	Co-Applicant Date of Birth:
Social Insurance Number:	(optional)
Number of Dependants:	Dependants Date of Birth:
Pets:	
	E RESIDENTIAL HISTORY (LAST 3 YEARS) Apt Number:
City: Pro	rince: Postal Code:
	Reasons for Leaving:
	t:
Phone: ()	
	Rent: <u>\$</u>
Owner/Agent:	Phone: ( )

# PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years?	Yes	No
Have you ever been evicted from a rental residence?	Yes	No
Have you had two or more late rental payments in the past ye	ar? Yes	No
Have you ever wilfully or intentionally refused to pay rent wildue?	hen Yes	No
PLEASE PROVIDE YOUR EMPLO	OYMENT I	NFORMATION .
Your Status: Full Time Part		
Employer: Dates en	mployed:	
Employed as: Superv	isor Name: _	
Phone: () Sal	ary: <u>\$</u>	per
(If employed by above less than 12 months, give name & pschool:)  If you have other sources of income that you would like us person (banker, employer, etc.) who we may contact for cochild support, or spouse's annual income unless you want to Amount: \$ Source/Contact Name:	s to consider, onfirmation. Y us to consider	please list income, source, and You do not have to reveal alimony, it in this application.
PLEASE LIST YOUR I	REFEREN	<u>CES</u>
Name:Address:		
Phone: ( Relationship:		
Name:Address:		
Phone: Relationship:		
Name: Address:		
Name: Address: Phone: () Relationship:		
ADDITIONAL INFO	<u>ORMATIO</u>	<u>N</u>
Please give any additional information that might help own	ner/managem	ent evaluate this application?

## **CONTACT INFORMATION**

Where may we reach you to discuss this application	n?
Day Phone Number: ( Ni	ght Phone Number: ()
forth and agree that the rental is to be payable the f	*
in 3 business banking days. Upon acceptance, this When so approved and accepted, I agree to execute given and to pay the balance of the security deposi approved or accepted by the owner or agent, the day claim for damages by reason of non-acceptance as a part of your procedure for processing my applications.	eposit will be refunded, the application hereby waiving e which the owner or agent may reject. I recognize that ication, an investigative consumer report may be personal interviews with others with whom I may be
The above information, to the best of my knowledge	ge, is true and correct.
Please sign: XName of Applicant	Date
Name (please print) X	
Signature	Date

### APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$:	Received by:	
Date:	_	
OFFICE NOTES:		