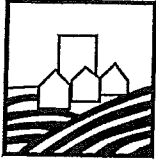


RENTAL APPLICATION FORM



BARRIE MUNICIPAL NON-PROFIT HOUSING CORP.

P.O. Box 28030,
Barrie, Ontario
L4N 7W1

72 Ross St., Unit #2,
Barrie, Ontario
L4N 1G3
Tel: (705) 727-1101
Fax: (705) 737-4085

APPLICANT # 1: BIRTHDATE SOCIAL INSURANCE NUMBER

NAME: _____

 (Mandatory)

MONTH DAY YEAR

CURRENT ADDRESS _____ PHONE NUMBER: _____

APPLICANT # 2:

NAME: _____

 (Mandatory)

MONTH DAY YEAR

CURRENT ADDRESS _____ PHONE NUMBER: _____

NAME OF OTHER PERSONS TO OCCUPY UNIT: AGE: RELATIONSHIP:

NAME: _____

NAME: _____

UNIT LOCATION: _____ DATE REQUIRED: _____

PARTICULARS:	APPLICANT NO. 1	APPLICANT NO. 2	NOTES:
CURRENT LANDLORD NAME			
LANDLORDS PHONE #	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
RENT PAID:	\$	\$	
LENGTH OF STAY:			
REASONS FOR MOVING:			
PREVIOUS ADDRESS:			
LANDLORDS NAME:			
LANDLORDS PHONE #	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
EMPLOYER- COMP. NAME			
COMPANY PHONE #	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CONTACT PERSON			
INCOME (GROSS)	\$ /ANNUM OR \$ /HR	\$ /ANNUM OR \$ /HR	
OCCUPATION			
LENGTH OF EMPLOYMENT			
(IF LESS THAN 2 YEARS) PREVIOUS EMPLOYER:			
CONTACT PERSON			
CONTACT NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

INCOME FROM OTHER SOURCES:

VEHICLE INFORMATION

MAKE OF CAR: _____ LICENCE PLATE NUMBER: CAR 1 CAR 2:

NUMBER OF PARKING SPACES REQUIRED?: _____

DRIVER'S LICENCE # APPLICANT 1:

DRIVER'S LICENCE # APPLICANT 2:

PLEASE GIVE REFERENCES

PERSONAL REFERENCES:

NAME: _____	OCCUPATION: _____	PHONE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------	-------------------	--

CREDIT REFERENCES:

COMPANY NAME: _____	ACCOUNT: _____	PHONE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---------------------	----------------	--

BANKING INFORMATION - CONFIDENTIAL

NAME OF YOUR BANK: _____ BANK ACCOUNT NUMBER

BANK ADDRESS: _____ PHONE NUMBER: _____

CHEQUING: SAVINGS: CREDIT UNION: OTHER:

PLEASE READ CAREFULLY THE CONDITIONS AS STATED BELOW BEFORE SIGNING:

I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared. The undersigned consents to the obtaining of credit, bank, and or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof, and to the disclosure of any credit information concerning the undersigned to any credit reporting agency, or to any person with whom the undersigned has or purposes to have financial relations. This inquiry included information as to my character and general reputation, personal character, and mode of living.

Any occupancy granted will be subject to the present tenant vacating and/or the rented premises being fully ready for occupation by the applicant. The applicant(s) is advised to have insurance coverage in a sufficient amount, for liability and on his personal contents against fire, theft, and water damage risk.

I certify that the information given on this application is correct and complete to the best of my knowledge:

SIGNATURE OF APPLICANT #1: _____ DATE: _____

SIGNATURE OF APPLICANT #2: _____ DATE: _____