

BONCON – OGILVIE TOWERS RENTAL APPLICATION

I hereby make application to rent the property located at 1396 Ogilvie Road. **Apartment number** _____.
 Beginning on the _____ day of _____, 20____. For a period of 12 months OR 12.5 months.
 At a monthly rent of \$ _____

Name:	Email:
D.O.B – Year/Month/Day: / /	S.I.N.(Optional):
Cell Phone:	Home Phone:
Work Phone:	Driver’s License:

Starting with your current address list at least 2 prior addresses going back to maximum of 7 years.

Unit #:	Address:	City:	Postal Code:	Years:	Landlord’s Name:	Phone number:

*Written confirmation of all **employment/income information** is required before approval of application.*

Present Employer:	Position:	Salary:
Start Date:	Manager/Contact Name:	Phone Number:

Other Income – If Any:

Other Applications Attached? Circle Answer: **Yes** **No** If yes, how many? _____

Other Occupants or Lease Holders. **Applications & Photo ID’s Must Be Attached

Name:	D.O.B.:
Name:	D.O.B.:

Have you ever filed for bankruptcy? Circle Answer: **Yes** **No** Discharge Date: ____/____/____

How many evictions have been filed or commenced on you? _____

How many animals do you have and which type? Number: _____ Type: _____

Vehicle: Make:	Model:	Color:	Year:	License Plate:

2 Personal References (can NOT be related to applicant):

Name:	Address:	Phone Number:

Next of Kin - Emergency Contact - For example: Non-payment of rent, building emergencies, floods, fires etc.

Name:	Relation:	Phone Number:

I agree to pay for the following services:

- Electricity/Hydro
- Indoor parking @ \$70.00 per month
- Covered Parking @\$60.00 per month
- Outdoor parking @ \$50.00 per month

Maximum 1 spot per apartment, subject to availability and not guaranteed.

I will be paying the first month's payment in the form of Debit, Money Order, Certified Funds, Personal Cheque, or P.A.D.

Dated: ___/___/___ for First Month's Rent \$ _____

First Month's Parking \$ _____

Total First Month Payment: \$ _____

I/We enclose a deposit in the form of Debit or a Money Order, Bank Draft, or Certified Funds

Last Month's Rent \$ _____

Remote Deposit \$ _____

Total Deposit: \$ _____

Please note that this deposit amount may not be the final sum required, it is possible that you will be asked to provide us with additional funds. This deposit must be provided in Certified Funds, Money Order, Bank Draft or Debit.

Methods of payment during the lease term – Debit, Personal Cheque, Certified Funds, Money Order, Bank Draft, or Pre-Authorized Debit Payments. Pre-Authorized Debit (P.A.D.) will only be accepted for monthly rent and parking charges – not for deposits.

NO CASH – NO EXCEPTIONS

Picture Identification must accompany this Application.

If not accepted as tenant(s), the deposit will be returned within four business days from date of refusal. Management assesses each application in accordance with the Ontario Human Rights Commission. Among qualities reviewed, but not limited to, Management will evaluate credit history, rental and landlord history, reference reviews, completeness of application and information within, income information and any other information that the Landlord may find pertinent at the time of application. An incomplete application or an application that intentionally misrepresents the tenant will be reason for disqualification and/or future consideration.

It is the policy of *Boncon Building & Management*, that should an application be refused, Management will not provide specific reasons for the decision.

All or part of the deposit may be forfeited to cover expenses involved to process my application, and if necessary, finding another tenant, if the apartment is refused by applicant after verification has taken place.

I agree to observe the rules of the house as set out by the Landlord and be in possession of tenant insurance.

I agree that smoking is prohibited in my rental unit and in the building. There shall not be any smoking within 9 meters/ 30 feet from the building. I also acknowledge that this building is transitioning to a smoke-free building and that until the transition has been completed, there will continue to be smoking permitted in the 'grandfathered' units of the building.

I authorize *Boncon Building & Management* and it's agents or assignees to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify your personal information in order to protect me, ensure the completeness of the information and maintain the integrity of the credit granting system and to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect you and me from fraudulent transactions. I also authorize you to obtain a personal credit information report related to this application and to verify directly the information you have supplied above.

If applicant is approved the applicant consents to the owner providing my contact information to Rogers Cable to allow them to pass on exclusive partner savings to the applicant. A contact name and telephone number along with lease start date and apartment number will be the only information provided to Rogers Cable.

If applicant is approved, the applicant consents to the owner providing my contact information to Wyse Meter Solutions to allow the set-up of the hydro account for the rental unit.

Applicant's Signature: _____ Print Name: _____ Date: ___/___/___

For Office Use Only

Approved or Refused Lease name(s): _____

Lease start date: _____ Lease End Date: _____ Total Lease Term: _____

Monthly Rent: \$ _____ Lease Obligation: \$ _____

FMR: \$ _____ LMR: \$ _____ Certified Funds Due: _____

Authorized and verified by: _____ Date: _____