| RENTAL A   | PPLICATION (Landlord)  | Date:,                                  |
|--|--|---|
| 1. APPLICANTS:   |  |   |
| NAME:  | (Applicant 1)  | (Applicant 2)                           |
|  |  | Home:<br>Work:                          |
| 2. RENTAL PREMISES APPLIED FO  | OR:  |   |
| Unit Number  | , 695 Richmond Street, London, Ontario   |   |
| Parking privileges for .   | private passenger automobile(s):   |   |
| Nil Outside  | Underground Covered Garage   |   |
| ACKNOWLEDGMENT: NO DOGS,   | CATS OR OTHER PETS OR ANIMALS ALLOWED:   |   |
| Applicant(s)'s Signatur  | re(s) Re: NO PETS  | Applicant(s)'s Signature(s) Re: NO PETS |
| 3. PROPOSED OCCUPANTS: It is understood and agr  | reed that only the following shall occupy the Rented Premises:   |   |
| Occupant Name  |  | Occupant Name                           |
| Date of Birth  |  | Date of Birth                           |
| Occupant Name  |  | Occupant Name                           |
| Date of Birth  |  | Date of Birth                           |
| TERM to COMMENC  | Æ: ,   | TERM to END:                            |
| DATE Accommodation   | n Required:  |   |
| 4. RENTAL INFORMATION:   |  |   |
| Monthly Rental   | \$ to be increased   | to \$                                   |
| Parking  | \$ to be increased   | to \$                                   |
| Appliances   | \$ to be increased   | , to \$                                 |
| Additional Services  | \$ to be increased   | , to \$                                 |
| TOTAL MONTHLY RENTAL   | \$ to be increased   | to \$                                   |
| ,  | is to be paid in advance to cover the period from owing services and facilities applicable to the Rented Premises: |   |
| YES NO Electricity Gas   | YES Hot Water Heater Water   | NO                                      |
| SUMMARY OF MONIES TO BE PA   | (Other)  |   |
| Total Monthly RENTAL for first month'  |  |   |
| Pro-Rated Rent   | \$   |   |
| Deposit towards last month's rent  | \$   |   |
| TOTAL  | \$   |   |
| Amount received with Application   | \$   |   |
| ••   | AND 9 OF THE RENT CONTROL ACT, 1992 (RCA)  |   |
| <ol> <li>Maximum rent for this unit is</li> <li>The most recent Notice of Ren</li> <li>There is a pending Application I</li> <li>There is a Notice of Pending De</li> <li>There is a current Order under re</li> <li>There is a Notice of Appeal pen</li> <li>There is a current Notice of Carr</li> </ol> |  |   |

| We hereby certify, this  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Witness  | Applicant 2   |  |  |  |  |  |  |
| ACCEPTANCE BY THE LANDLORD The Landlord hereby accepts this Rental Application for | or the Rented Premises as herein described.   |  |  |  |  |  |  |
| 7. APPLICANT(S)'S PARTICULARS  | APPLICANT 1   | APPLICANT 2                            |  |  |  |  |  |
| How long have you lived at your Present address?                                   | 0 0   |  |  |  |  |  |  |
| PRESENT LANDLORD's Name  | J ()  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
| Address  |   | /                                      |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Telephone Number   |   |  |  |  |  |  |  |
| What was your Previous Address?  |   |  |  |  |  |  |  |
|  |   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
|  | - DTY.  | 3 D M JA N                             |  |  |  |  |  |
| How long did you live at your Previous Address?                                    |   | ······································ |  |  |  |  |  |
| PREVIOUS LANDLORD's Name   |   | ······································ |  |  |  |  |  |
| Address  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Telephone Number   |   |  |  |  |  |  |  |
| EMPLOYER's Name  |   |  |  |  |  |  |  |
| Address  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Telephone Number   |   |  |  |  |  |  |  |
| Length of Employment   |   |  |  |  |  |  |  |
| Occupation   | TO MINITER TO THE PARTY OF THE |  |  |  |  |  |  |
| Annual Income  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| PREVIOUS EMPLOYER's Name   | M T 1 N 11 TV   |  |  |  |  |  |  |
| Address  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Telephone Number   |   | ······································ |  |  |  |  |  |
| Length of Employment   |   |  |  |  |  |  |  |
| Occupation   |   |  |  |  |  |  |  |
| Annual Income  |   |  |  |  |  |  |  |
| BANK   |   |  |  |  |  |  |  |
| Branch   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Account Number and Type of Account   |   |  |  |  |  |  |  |
| Other Income or Assets   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

| UTOMOBILE Year, Make and Colour               |                                       |   |                |                                       |  |
|---|---------------------------------------|---|----------------|---------------------------------------|--|
|   |                                       |   |                |                                       |  |
| License Plate No.                             |                                       |   |                |                                       |  |
| Driver's License No.                          |                                       |   |                |                                       |  |
| Social Insurance No.                          |                                       |   |                |                                       |  |
| Health Card No.                               |                                       |   | ,              |                                       |  |
| What made you choose this accommodation?      | Newspaper <b>G</b> Tenant             | Referral <b>G</b> Billboard <b>G</b>    | Other <b>G</b> |                                       |  |
| EFERENCES: Two personal references (other th  | nan relatives) and one credit refere  | nce (other than aforementions           | ned Bank). Mu  | st be completed in full.              |  |
| ersonal                                       |                                       |   |                |                                       |  |
| Name  |                                       |   |                |                                       |  |
| Address                                       |                                       |   |                |                                       |  |
|   |                                       |   |                |                                       |  |
| Telephone                                     |                                       |   |                |                                       |  |
| Name<br>Address                               |                                       |   |                |                                       |  |
|   |                                       |   |                |                                       |  |
| Telephone                                     | · · · · · · · · · · · · · · · · · · · |   |                | <mark></mark>                         |  |
| redit   |                                       |   |                |                                       |  |
| Name  |                                       |   |                | ·                                     |  |
| Address                                       |                                       |   |                |                                       |  |
|   |                                       |   |                | · · · · · · · · · · · · · · · · · · · |  |
| Telephone                                     |                                       |   |                |                                       |  |
| N CASE OF EMERGENCY, CONTACT NEX              | T OF KIN                              |   |                |                                       |  |
| Name  |                                       |   |                |                                       |  |
| Address                                       | — L                                   |   |                |                                       |  |
|   |                                       | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                | <mark></mark>                         |  |
| Telephone                                     |                                       |   |                |                                       |  |
|   |                                       |   |                |                                       |  |
| We certify that the above information is comp | lete and correct and acknowled        | lge receiving a copy of this            | Rental Appl    | lication.                             |  |
| Vitness                                       |                                       | Applicant 1                             |                |                                       |  |
| Vitness                                       |                                       | Applicant 2                             |                |                                       |  |
|   |                                       |   |                |                                       |  |
|   |                                       |   |                |                                       |  |
|   |                                       |   |                |                                       |  |
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|   |                                       |   |                |                                       |  |
|   |                                       |   |                |                                       |  |
|   |                                       |   |                |                                       |  |