



Residential Tenancy Application

(Each tenancy candidate must complete a separate application)*

Housing Provider's Name: Lowe Properties Ltd.

(Hereinafter referred to as (" Housing Provider"))

Contact Name: _____ **Tel.No:** (_____) _____ **New** _____ **Transfer:** _____

I/we hereby make application to rent, the premises located at Street No. & Name: _____ Apt. / Unit _____,
(Hereinafter referred to as "Premises")

City _____ Prov/State _____ Post/Zip Code _____, beginning on the _____ day of
the month of _____, 20____. For a period of _____, at a monthly rent of \$ _____

How did you hear about this rental? _____

Notes: _____

Applicant's Particulars

First _____ **M. Init** _____ **Last Name** _____ **SIN / SSN: (Optional)** _____

Email Address: _____ @ _____

D.O.B. _____ Daytime Tel. No. (_____) _____ Evening Tel. No. (_____) _____
yyyy/mm/dd

Starting with your current address list at least 1 prior address going back to a maximum of 7 years

Unit # Str# Str. Name _____ **City** _____ **Prov/State** _____ **Postal Code** _____ **No. of Years** _____ **Housing Provider's Name** _____ **Tel. Number** _____

(1) _____

(2) _____

(3) _____

Drivers License No: _____ **Make of Vehicle:** _____ **Year:** _____ **Plate No:** _____

Employer's Name: _____ **No. of Yrs.** _____ **Field of Employment:** _____ **No. of Yrs.** _____

Address: _____ **Bus. Tel No. (_____)** _____

Previous Employer: _____ **No. of Yrs.** _____ **Bus. Tel No. (_____)** _____

Bank Name and Branch: _____ **Bank Tel No. (_____)** _____

Chequing Acc. No. _____ **Savings Acct. No.** _____ **Annual Income from all sources: \$** _____

Credit Card Type: _____ **Card No:** _____ **Expiry Date:** _____
yyyy / mm / dd

Have you ever declared bankruptcy, or been a party to a Housing Provider and Tenant Court Action? Yes No

Lease Term Completed? Yes No Rent Paid on time? Yes No All Cheques honoured by bank? Yes No

Sufficient notice to move given? Yes No Rental left in good condition? Yes No Have Tenant's Insurance? Yes No

The Lease will be subject to a No Smoking Policy and rent payments are way of ETF only details are set out in Schedule "A"

SPOUSE AND/OR OCCUPANTS (Complete separate Application for Spouse or other Person who is to be Co-tenant)

Person(s) who intend to occupy the Premises in addition to the Applicant:

(1) Name: _____ Relationship to Applicant: _____ Age _____

(2) Name: _____ Relationship to Applicant: _____ Age _____

(3) Name: _____ Relationship to Applicant: _____ Age _____

REFERENCES (Not Family members. Must be completed with full First then Last Name)

Name _____ **Address** _____ **Telephone** _____ **Employer's Name** _____ **Employer's Telephone** _____

(1) _____

(2) _____

In case of Emergency: Contact Name: _____ Relationship: _____

Telephone Numbers : During the day: (_____) _____ In the evening: (_____) _____

THE FOLLOWING RENT IS PAYABLE IN RESPECT OF THE PREMISES (To be completed by Housing Provider)

Part A If the Term does not commence on the first day of the month complete Part A for rent payable from the Commencement Date to the end of that month. Pro-rated rent of \$ _____ is to be paid in advance to cover the period from _____ to _____
yyyy / mm / dd yyyy / mm / dd

Part B: Complete Part (B) for rent information for the first period of the lease, up to 1 year.

Monthly Rent: \$ _____ Prepaid last month's Rent: \$ _____ Parking Rent: \$ _____ Indoor Garage Parking Space: _____

Outside Parking Spaces: _____ Other Charges: \$ _____ (See Part "C" for specific services and charges)

Monthly Total:\$ _____ payable in advance at the first of each month.

Term: Month-to-Month One Year Other (Specify) _____

Term to Commence: _____ Term to End: _____ Length of Term: _____
yyyy / mm / dd yyyy / mm / dd

Part C Complete Part C if the Housing Provider is to provide any of the following services to the Applicant, for a separate monthly charge paid by the Applicant to the Housing Provider, and the total of all charges in this part is entered in Part(B) at "Other Charges".

The following are services, facilities, privileges, accommodations for which a separate monthly charge applies and that charge is included in item 5 (c) of the Tenancy Agreement.

Cable Television \$ _____, Satellite Television \$ _____, Internet \$ _____, Air Conditioner \$ _____, Hydro \$ _____, Extra Hydro for Air Conditioner / washer / dryer in Rented Premises \$ _____, Heat \$ _____, Locker / Storage Space \$ _____, Property Taxes (Mobile Home Site / Land Lease Home) \$ _____, Additional Floor Space \$ _____, Condo Fees \$ _____, Water / Sewage \$ _____, Block Heater Plug-Ins \$ _____ Other Charges (specify) _____

Note 1. If the Applicant is to pay to the Housing Provider a percentage share of the utilities in the building in place of a fixed monthly amount, indicate the amount of the percentage in this section and in the Tenancy Agreement section 5(c).

Part D Complete Part D if the Applicant is to be responsible for paying for the following services applicable to the Rented Premises directly to those providing it:

The Applicant agrees to pay for the following services applicable to the Premises. Electricity Gas Heat Hot Water Heater

Condo Fees Cable Internet Smart Card Other: _____

The Applicant further agrees to be responsible for the following:

Snow Removal Lawn Maintenance Gardens Garbage Removal Other _____

SUMMARY OF MONIES RECEIVED WITH APPLICATION	BY CASH <input type="checkbox"/>	BY CHEQUE <input type="checkbox"/>
Pro-rated Rent: \$ _____ + Prepaid last Month's Rent \$ _____ + First Month's Total Rent: \$ _____ = Total Received \$ _____		

Note 1. Items listed in both Part C and Part D can only be selected in one of those Parts, and is dependent upon whether the applicant pays the Housing Provider for the service (Part B), or pays directly to those providing the service (Part C).

Note 2. If the service is included in an all-inclusive "monthly rent" do not complete either Part C, or D.

Information**

The word "**Information**" means credit information, personal information, information about the services you use that are provided by **the Housing Provider** listed in Part (C) and/or (D) below and information relating to your tenancy at **the Premises applied for in this application** including information regarding the duration of your tenancy, monthly rent, emergency contacts and any matters relating to your lease/tenancy agreement, including misrepresentations relating to, defaults under and/or breaches of your lease/tenancy agreement.

"Credit Information" means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, marital status, co-occupant's/spouse's/same-sex partner's name and age, number of dependants, particulars of education or professional qualifications, places of employment, previous places of employment, employment duration, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or Housing Provider and tenant disputes, assets, and banking information (including account and credit card information).

"Personal Information" means information about you other than credit information that is relevant to your suitability as a tenant, including your social insurance number (optional), driver's license number, vehicle license plate number, vehicle make and year, and information from references which you provide about your character, reputation, physical or personal characteristics or mode of living or about any other matter concerning you that is relevant to your suitability as a tenant.

Collection, Use and Disclosure of Information:

In consideration for **the Housing Provider** accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

1. **the Housing Provider** may obtain Information about you through a tenant check and/or credit or consumer report conducted by Rent Check Credit Bureau and as permitted or required by law. You expressly authorize Rent Check Credit Bureau to provide Information regarding you to **the Housing Provider**.
2. **the Housing Provider** may use Information about you to determine your suitability as a tenant and as permitted or required by law.
3. **the Housing Provider** may disclose Information about you as permitted or required by law and to Rent Check Credit Bureau in order to be included within a database of rent roll information, and/or within a tenancy file on you, for purposes of:
 - tenant reporting and credit reporting in accordance with the *Consumer Reporting Act* (Ontario);
 - establishing a credit history and a rental history;
 - comparing with aggregate statistical data for purposes of tenancy and credit scoring; and
 - supporting the credit approval process
4. You expressly authorize Rent Check Credit Bureau to retain Information regarding you indefinitely for the purposes outlined in section 3 above, subject to any applicable legal restrictions.
5. You expressly authorize Rent Check Credit Bureau to disclose Information regarding you to its members and subscribers as required or permitted by law and for the purposes outlined in section 3 above.
6. You agree that you will not withdraw your authorization and consent to the collection, use and disclosure of Information about you by Rent Check Credit Bureau as outlined in sections 1 to 5 above.
7. You agree that all statements on this Residential Rental Application are true and you expressly authorize all references given to release information about you to **the Housing Provider** for verification subject to sections 1 to 5.

The undersigned applicant hereby confirms the "Information" set out in this Application.

I/We hereby deposit with the Housing Provider the sum of \$ _____. I/We understand and agree that payment of the deposit and the Housing Provider's acceptance of it do not, in and of itself, constitute a tenancy agreement. I further understand that upon acceptance of this application by the Housing Provider, whether conveyed to me verbally or in writing, I shall be deemed to have entered into a tenancy agreement with the Housing Provider in the terms of the Housing Provider's usual form, which I have had the opportunity to read and understand prior to signing below. I further agree that upon acceptance of this application by the Housing Provider, I will execute the same written tenancy agreement. In the event that I refuse or neglect to do so, I agree to be bound by its terms jointly and severally with all co-applicants and the deposit above is deemed as part of the rent forfeited.

Applicant to complete:

Please provide your consent by checking the following box and signing in the appropriate space below.

Yes, I have read, understood and voluntarily agree to the terms and conditions, and the collection use and disclosure of Information as outlined above.

_____ X
Applicant's Signature

_____/_____/_____ X
Date: (yyyy / mm / dd)

_____ X
Print Name



Housing Provider to complete: (Housing Provider to sign once Applicant is accepted as a Resident)

_____ X
Housing Provider's Signature

_____/_____/_____ X
Date: (yyyy / mm / dd)

_____ X
Print Name

***Signature space is provided for one applicant however Rent Check suggests that if more than 1 tenancy applicant that the Housing Provider provides each applicant with a separate copy of this Residential Tenancy Application for completion.**

****DISCLAIMER: Rent Check does not represent, warrant or guarantee that this Consent Statement will be valid or enforceable in all circumstances or for every Housing Provider. Each individual Housing Provider should modify the language of this Consent Statement to suit their individual circumstances and should obtain legal advice regarding the appropriate consent to be obtained from their prospective tenants.**

SCHEDULE "A"

NO SMOKING POLICY

In the interest of health of tenants and staff, as well as the quality of indoor air and enjoyment of the premises, the landlord, Lowe Properties Ltd. has adopted a No Smoking policy for the entire complex. Your lease will be subject to the policy and smoking will not be allowed by you or any of your guests in any part of the building including the apartment units. This policy is new and the being phased in, the Tenant acknowledges that there may be smokers in the apartment complex who pre date the policy and are permitted to smoke in their apartment units. Notwithstanding, the Tenant agrees to abide by the No Smoking Policy and agrees that smoking by any pre dated tenancies is not a breach by the Landlord to any of the Tenants rights. Smoking includes all cannabis as well as all tobacco products and other smokables.

_____ X
Applicant's Signature

_____/_____/____ X
Date: (yyyy / mm / dd)

_____ X
Print Name



Authorization for Electronic Direct Debit for Rental Payments

All rent payments are to be made by ETF (Electronic Fund Transfer) or direct debit. I/We agree to the terms and permit the debiting of our account for rent payments. Any information collected by Lowe Properties Ltd, for the purpose of providing the direct debit service will remain confidential and will only be disclosed to regulatory bodies with appropriate lawful authority. The direct debit authorization will remain in effect until written notice of cancellation is received by Lowe Properties Ltd. If you need to stop payment on a ETF for any reason we require 5 days written notice delivered to info@loweproperties.ca otherwise, if the debit is refused for any reason a \$50.00 NSF fee will apply.

Name _____
Address _____

Please attach a **VOID** cheque with your application (Canadian dollar payments only):

Name in which account is held:	
Financial Institution Name:	
Financial Institution Address:	

Bank Code (3 digits):		Transit Code (5 digits):	
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Bank Account Number (7-11 digits):	
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_____ Date
_____ Authorized Payor Signature: