



POCRNIC REALTY ADVISORS
www.pracommercial.com

34 Hess Street South
Hamilton, ON L8P 3N1 ; Tel: 905.522.7936; Fax: 905.522.8120

RENTAL APPLICATION

Date: _____ To: POCRNIC REALTY ADVISORS

Please print clearly

NAME (S) _____ S.I.N. _____
_____ S.I.N. _____

PREMISES APPLIED FOR:

Suite# : _____ Type: _____

Address: _____

Parking for _____ Private Passenger Automobile(s) Outside _____ Garage _____ Underground _____

PROPOSED OCCUPANTS:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

MARITAL STATUS: Married _____ Single _____ Common-in-law _____ Other _____

DETAILS OF OCCUPANCY:

Term to commence _____ 20 _____ Term to end _____ 20 _____

PAYMENT INFORMATION:

A pro-rated rent of \$ _____ will be paid in advance to cover the period from _____ 20 _____ to _____ 20 _____.

The undersigned agrees to pay for the following services applicable to the desired premises: Y _____ N _____

Electricity _____ Gas _____ Heat _____ Hot water heater _____ Cable TV _____ Other _____

Monthly Rental	\$ _____	First Months Rent	\$ _____
Parking (Inside)	\$ _____	Prepaid Lasts Months Rent	\$ _____
(Outside)	\$ _____	Monthly Total	\$ _____
Amount Due Prior to Occupancy	\$ _____		

CASH DEPOSITS WILL NOT BE ACCEPTED AND CAN BE RECEIVED ONLY AT THE MANAGEMENT OFFICE

Monthly total payable to the Landlord or his Agent, in advance, on the first day of each month.

Amount received with application \$ _____ by Certified Funds _____ by cheque _____ to be applied upon
Acceptance of this application as: Deposit _____ First month's rent _____ Pro rated rent _____ Other _____

NO DOGS OR OTHER PETS ALLOWED

The undersigned agrees that upon the acceptance of this application by the Landlord, a binding Agreement shall be created between the parties hereto and the undersigned shall forthwith enter into a Tenancy Agreement prior to possession of the premises upon the above terms, upon the Landlord's usual form, in which event the deposit shall be applied towards the last month's rent. If the undersigned should fail to enter upon such Tenancy Agreement, then, subject to the Code of Ethics of the UDI, in addition to any other rights accruing to the Landlord, the undersigned agrees that the deposit shall be forfeited.

The undersigned consents to the obtaining of such information, as the Landlord may deem necessary at any time in connection with the undersigned, in conjunction with the premises hereby applied for or any renewal or extension thereof. The undersigned also consents to the disclosure of any information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

WITNESS

TENANT

WITNESS

TENANT

WITNESS

IDEMNIFIER

Accepted this _____ day of _____ 20 _____

LANDLORD OR AGENT

MUST BE COMPLETED IN FULL. PLEASE PRINT CLEARLY.

DETAIL	APPLICANT	APPLICANT	ANY & ALL OCCUPANTS
NAME			
PRESENT ADDRESS			
CITY & POSTAL CODE			
LENGTH OF RESIDENCE			
HOME PHONE#			
MTHLY RENT/MTG.PMT.			
LANDLORD'S NAME			
LANDLORD'S PHONE			
PREVIOUS ADDRESS			
CITY & POSTAL CODE			
LENGTH OF RESIDENCE			
LANDLORD'S NAME			
LANDLORD'S PHONE			
EMPLOYER'S NAME			
EMPLOYER'S PHONE			
ANNUAL INCOME			
OCCUPATION			
LGTH OF EMPLOYMENT			
PREVIOUS EMPLOYER			
EMPLOYER'S PHONE			
OCCUPATION			
LGTH OF EMPLOYMENT			
NAME OF BANK			
BRANCH ADDRESS			
TYPE OF ACCOUNT & #			
MAKE OF AUTO/YR/COL.			
VEHICLE LICENSE#			
CREDIT CARD REF.			
CREDIT CARD REF.			
REFERENCES			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
CONTACT			
NAME			
ADDRESS			
PHONE			
RELATIONSHIP			

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

 APPLICANT'S SIGNATURE

 APPLICANT'S SIGNATURE