

www.pracommercial.com

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

RENTAL APPLICATION

You may complete our Rental Application on our website noted above.

Date:	To: POCRNIC REALTY ADVISORS
Please print clearly	
NAME (S)	S.I.N.
	S.I.N.
PREMISES APPLIED FOR:	
Address:	
Parking forPrivate Passenger Auto	omobile(s) OutsideGarage Underground
PROPOSED OCCUPANTS:	Date of Birth:
Name: Name:	Date of Birth:
MARITAL STATUS: MarriedSi	ngle Common-in-lawOther
DETAILS OF OCCUPANCY:	
	
PAYMENT INFORMATION:	
A pro-rated rent of \$	will be paid in advance to cover the period from to
The undersigned agrees to new for the fall	to to
	ot water heaterCable TVOther
Monthly Dontal	First Months Dont
Monthly Rental \$	_ First Months Rent \$ Prepaid Lasts Months Rent \$
Parking (Inside) \$ (Outside) \$	Monthly Total \$
Amount Due Prior to Occupancy \$	
	D AND CAN BE RECEIVED ONLY AT THE MANAGEMENT OFFICI
	s Agent, in advance, on the first day of each month.
Amount received with application \$	by Certified Fundsby chequeto be applied upon
Acceptance of this application as: Deposit_	First month's rentPro rated rentOther
NO DOC	GS OR OTHER PETS ALLOWED
	eptance of this application by the Landlord, a binding Agreement
2 2	eto and the undersigned shall forthwith enter into a Tenancy
<u>-</u>	nises upon the above terms, upon the Landlord's usual form, in
which event the deposit shall be applied tow	vards the last month's rent. If the undersigned should fail to enter
_	ct to the Code of Ethics of the UDI, in addition to any other rights
accruing to the Landlord, the undersigned a	grees that the <u>deposit shall be forfeited</u> .
The undersigned consents to the obtaining	of such information, as the Landlord may deem necessary at any
e e	conjunction with the premises hereby applied for or any renewal
9 ,	so consents to the disclosure of any information concerning the
	or to any person with whom the undersigned has or proposes to
have financial relations. The undersigned co	nsents to the obtaining of a credit report through a credit reporting
agency.	
**************************************	(DENIA NICE
WITNESS	TENANT
WITNESS	TENANT
WITNESS	IDEMNIFIER
Accepted thisday of	20
uu	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#			
REFERENCES			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
CONTACT			
NAME			
ADDRESS			
PHONE			
RELATIONSHIP			

THE UNDERSIGNED CERTIFIES THAT THE ABOV	TE INFORMATION IS COMPLETE AND CORRECT
APPLICANT'S SIGNATURE	APPLICANT'S SIGNATURE