

APPLICATION TO RENT - INFORMATION FORM

LEASE INFORMATION	
Date of application	
Address of premise to be rented	
Occupancy date requested	

	TENANT	PARTNER / CO-TENANT
IDENTITY		
Name and surname		
Gender or preferred pronoun		
Date of birth		
Place of birth		
Cell phone		
E-mail address		
Driver's Licence Number+Place Issued or health card number + place issued or passport number + country issued		
FAMILY		
Family status (circle the option)	Single	Married
	Divorced	Separated
		Widow(er)
Children at charge		
PROFESSIONAL / STUDENT SITUATION		
Profession / Major		
Start date of current employment or studies		
Employer / Learning institution		
- Address		
- Telephone		
EARNINGS		
Net monthly salary / bursary		
Other earnings (discriminate)		
If the rent is not paid by you:		
- Name of the payer		
- Relationship to you		
- Address		

- Telephone number		
EMERGENCY CONTACT		
Name		
Relationship to you		
Cell Phone #		
E-mail		
LAST PLACES OF RESIDENCY		
Current address		
Name of Landlord		
Period		
Telephone		
Previous address		
Name of Landlord		
Period		
Telephone		

I understand that: (please initial)

- _____ Smoking/vaping is not permitted
- _____ Drugs are not permitted
- _____ Waterbeds are not permitted
- _____ Deep frying is not permitted
- _____ Burning and scented products are not permitted
- _____ Pets are not permitted

Please fill up the above form and send us, for each applicant:

- . recent proof of income
- . two latest months of bank statements
- . recent credit history

The applicants declare all the above statements to be true and accurate. This information is confidential and will only be used to the background check that is part of the application to rent process.

Applicants' signatures _____

Date: _____