

I, \_\_\_\_\_ hereby agree to pay the monthly rent of \$ \_\_\_\_\_, on or before the first day of each month. I also understand that failure to pay my rent on the first of the month will result in late charges and that I will be subject to all terms of cancellation in the Residential Tenancies Act.

\_\_\_\_\_  
Initial

I hereby agree to lease the above stated premises commencing on the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, to the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ and continue thereafter from month to month.

\_\_\_\_\_  
Initial

I herewith voluntarily make deposit of \$ \_\_\_\_\_ to be refunded if my application is not accepted and to be retained as a Security Deposit if my offer is accepted.

\_\_\_\_\_  
Initial

I also understand that If I cancel this lease after 24 hours of being accepted by the Landlord, I will not receive a refund of my Security Deposit.

\_\_\_\_\_  
Initial

I also understand that I am fully responsible for the monthly payments of rent for the entire length of the lease, and that my responsibility will only cease if the premises are re-entered to another tenant or at the end of the term of the lease.

\_\_\_\_\_  
Initial

Additional Clauses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To signify our agreement, we have signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
(Co-Signer - if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

APPLICATION – LEASE

To Auzano Asset Management Inc., hereinafter known as the Landlord.

Property \_\_\_\_\_ Suite # \_\_\_\_\_

FULL NAME OF APPLICANT \_\_\_\_\_

(Last)

(First)

(Initial)

Age \_\_\_\_\_ Marital Status \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_

(Last)

(First)

(Initial)

List all children who will be living in the premises:

AGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FULL NAME OF ROOMMATE or other adults who will be living in the premises

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All residents must be registered with our office. If any changes occur, please notify the office immediately**

Present Phone # \_\_\_\_\_ (home) \_\_\_\_\_ (work)

NEXT OF KIN (full name) \_\_\_\_\_ Relationship \_\_\_\_\_.

ADDRESS \_\_\_\_\_ Phone # \_\_\_\_\_.

S.I.N. # \_\_\_\_\_.

MAKE AND MODEL OF VEHICLE \_\_\_\_\_

License Plate # \_\_\_\_\_.

Present Address \_\_\_\_\_ Length of Occupancy \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_ Length of Occupancy \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Income \_\_\_\_\_

Position Held \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ From/To: \_\_\_\_\_

Position Held \_\_\_\_\_

Spouse's/Roommate's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Income \_\_\_\_\_

Position Held \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_