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RENTAL APPLICATION

For Office Use Only			
12 Month Lease		Rent: \$	x 12 Months = \$
Lease Term: to		Parking: \$	x 12 Months = \$
Apt No:	Address:	Total: \$	x 12 Months = \$

1 st Applicant Information			
First Name:		Last Name:	
SIN:		Date of birth:	
Home Phone:		Work Phone:	
Drivers License #:			
Marital Status:		No. Children:	
Ages:			
Rental History (min two years)			
Current address:		City:	
Prov:		Postal Code:	
Landlord:		Contact:	
Phone:			
How long?		Reason for leaving:	
Previous address:		City:	
Prov:		Postal Code:	
Landlord:		Contact:	
Phone:			
How long?		Reason for leaving:	
Employment History (min two years)			
Current employer:		Position:	
How long?			
Telephone:		Contact:	
Annual income:			
Previous employer:		Position:	
How long?			
Telephone:		Contact:	
Annual income:			

2 nd Applicant Information			
First Name:		Last Name:	
SIN:		Date of birth:	
Home Phone:		Work Phone:	
Drivers License #:			
Marital Status:		No. Children:	
Ages:			
Rental History (min two years)			
Current address:		City:	
Prov:		Postal Code:	
Landlord:		Contact:	
Phone:			
How Long?		Reason for leaving:	
Previous address:		City:	
Prov:		Postal Code:	
Landlord:		Contact:	
Phone:			
How Long?		Reason for leaving:	
Employment History (min two years)			
Current employer:		Position:	
How long?			
Telephone:		Contact:	
Annual income:			
Previous employer:		Position:	
How long?			
Telephone:		Contact:	
Annual income:			

Automobile Information		
Make and model of car:	Year:	Plate Number:
Make and model of 2 nd car:	Year:	Plate Number:

NO PETS

Commitment				
It is understood by the Applicant(s) that the Last Month Rent as outlined below, given by the Applicant(s) to the Landlord, will be held as a Last Months Rent Deposit, bearing interest at the legislated rate, and refundable only if the Landlord does not accept this application within seven (7) business days. In the event that I fail to execute the Landlord's Tenancy Agreement for the Rented Premises, the premises will be placed on the available to rent list and a cancellation charge equal to the Last Months Rent Deposit will be immediately payable. By signing this application, I hereby consent that Cambridge Realty (Ottawa) Limited conduct and/or cause to be conducted, a credit investigation including confirmation of employment, income and previous tenancies and I further agree that such information may be shared with any other party with whom I have, or propose to have, a financial relationship, including, where applicable, guarantor(s). I consent to the retention of this form by Cambridge Realty (Ottawa) Limited until my account is closed.				
IT IS ADVISED TENANTS PURCHASE A HOMEOWNERS INSURANCE PACKAGE TO COVER CONTENTS				
Last Month Rent	\$	Date Paid	Received by:	
Cash	Cheque	Money Order	Certified Cheque	ChQ or M.O. Number:
First Month Rent	\$	Date Paid	Received by:	
Cash	Cheque	Money Order	Certified Cheque	ChQ or M.O. Number:
Signature of 1 st applicant:				
Witness:		Date:		
Signature of 2 nd applicant:				
Witness:		Date:		