

171 King Street Peterborough, ON K9J 2R8

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## **RENTAL APPLICATION**

- Please complete in Full and Clearly. Incomplete applications will not be processed and/or approved.
- When completing electronically, application must first be saved to file on your computer.
- Any required fields (identified with an \*) that are not applicable to you, please enter "N/A".

*Name:	SIN (optional):	*DOB:	
*Driver's License #:	*Telephone #:	Email:	
*Current Address:	*City:	*Provinc	e:
*Postal Code: Owned 🗖 🛛	Rented  *Years at this address:	*Monthly Rent P	Paid:
/ehicle Information: License Plate #:	Make/Model:		
*Current Landlord Name:	*Landlord's Telephone #:	Email:	
PREVIOUS ADDRESS / LANDLORD INFORMA	ATION		
*Previous Address:	*Years at Address:	*from (year):	to
*Previous Landlord's Name:	*Landlord's Telephon	ne #:	
Previous Address:	Years at Address:	from (year):	to
Previous Landlord's Name:	Landlord's Telephone	e #:	
EMPLOYMENT			
*Do you work Full-Time 🛛 Part-Time 🗌			
	*Business Phone #:	*Ye	ears at:
*Present Employer:	*Your Job Title	*Annual Earnings:	
*Present Employer: *Supervisor Name:	Tour see thee:		c at:
		Year	s at
*Supervisor Name:		Vear	
*Supervisor Name:	Business Phone #:		
*Supervisor Name: Previous Employer: If unemployed and/or student please indicate	Business Phone #: e your income and sources of income: _		
*Supervisor Name: Previous Employer: If unemployed and/or student please indicate GENERAL	Business Phone #: e your income and sources of income: _		
*Supervisor Name: Previous Employer: If unemployed and/or student please indicate GENERAL *Do you or other occupants have a pet? Yes *Do you Smoke? Yes D No D All new leases are non-smoking units which include	Business Phone #: e your income and sources of income: _ No How Many: de the **balconies. Initial acknowledgeme	_What kind of Pet?	
*Supervisor Name: Previous Employer: If unemployed and/or student please indicate GENERAL *Do you or other occupants have a pet? Yes *Do you Smoke? Yes D No D All new leases are non-smoking units which incluse *Have you or any other occupants ever been	Business Phone #: e your income and sources of income: _ No How Many: de the **balconies. Initial acknowledgeme evicted? Yes No D	_What kind of Pet?	
*Supervisor Name: Previous Employer: If unemployed and/or student please indicate GENERAL *Do you or other occupants have a pet? Yes *Do you Smoke? Yes D No D All new leases are non-smoking units which include	Business Phone #:         e your income and sources of income: _         No       How Many:         de the **balconies. Initial acknowledgeme         evicted? Yes       No         r lease contract? Yes       No	_What kind of Pet? ent here **Va	
Supervisor Name: Previous Employer: f unemployed and/or student please indicate GENERAL Do you or other occupants have a pet? Yes	Business Phone #: e your income and sources of income: _		

REFERENCES – MUST NOT BE A RELATIVE							
*Full Name:	*Telephone #:	*Relationship:	*Years Known:				
*Full Name:	*Telephone #:	*Relationship:	<pre>*Years Known:</pre>				
EMERGENCY CONTACT							
*Full Name:	*Telephone #:	*Relationship:					
*Address:	*City:	*City: *Postal Cod					
OTHER OCCUPANTS							
*Full Name:	*Relationship:	Under the age of 18	Yes 🗆 No 🗖				
*Full Name:	*Relationship:	Under the age of 18	Yes 🗆 No 🗖				

The undersigned agrees that, upon acceptance of this application by the Landlord, to provide the Landlord a deposit equal to one month's rent in the form of **cash** or **certified cheque.** 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.

I certify that the information given in this application is true and accurate and that any incorrect information given will result in the invalidation of the application. 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.

I hereby give authorization to the Landlord to verify the contents of this application by both checking references and performing a credit check as the Landlord deems it necessary at any time before, during or after a tenancy.

If this application is not accepted by **CHERNEY PROPERTIES,** I understand the reasons for this will not be made known.

*SIGNATURE		*DATE					
ADDITIONAL NOTES/COMMENTS							
FOR OFFICE USE ONLY							
Approved by:		Date:					
Unit #	Rent:	Parking:					
Spectra Updated:	Updated by:	Date:					