

Ottawa-Gatineau Rentals Inc.

1568 Merivale Road, Ottawa Ontario K2G 5Y7 Phone: 613-907-1534
Email: info@OttawaGatineauRentals.com

Application for Rental Accommodation

Ottawa-Gatineau Rentals Inc. acknowledges the confidentiality of this document

Complete form, sign it and email to info@ottawagatineaurentals.com

All Adults to Occupy Premises Must Fill out a Separate Application and attach to this form 2 (two) pieces of identification with picture.

OTTAWA-GATINEAU RENTALS INC. WILL NOT PROCESS INCOMPLETE FORMS

Date of Application (dd/mm/yyyy)	Type required: ___ 3 Bedroom ___ 2 Bedroom ___ 1 Bedroom ___ Other ___ Parking
Address of Premise(s)	Number of people to occupy premises: ___ Adults ___ Children ___ Pets/Type _____
Preferred Move-In Date	Names and ages of children to occupy premises: Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____

Please Print Clearly

First and Middle Name	
Last Name	
Birth Date (yyyy/mm/dd)	i.e. 1985/July/11
SIN No.	⇄Double Check No.
Driver's License No.	⇄Double Check No.
Work No.	
Home No./Hours to Call	
Cell No./Hours to Call	
E-mail Address	

Rental/Residence History

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
Province/Postal Code			
Last Rent Amount Paid			
Owner/Manager & Phone No.			
Reason for Leaving			
Is/Was Rent Paid Full Each Month	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did You Give Notice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did You Give Notice			
Were You Asked to Move	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Reason			
	From/To	From/To	From/To
Dates of Residency			

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Employment History

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone No.			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	Other Work Information	Other Work Information
Date of Employment			
Current Salary			
Other Income			
Name of Bank			
Branch			

Professional References

Reference No. 1	
Name	
Phone No.	
Can We Call Them	
What is the Best Time to Call	
Relationship	
How Long Have They Known You and in What Capacity	
Reference No. 2	
Name	
Phone No.	
Can We Call Them	
What is the Best Time to Call	
Relationship	
How Long Have They Known You and in What Capacity	

Emergency Contact

Name	
Address	
Phone No.	
Relationship	

Approval of application is subject to the landlord and tenant signing a residential tenancy agreement

I hereby confirm that all statements made in this application are true and I hereby authorize Ottawa-Gatineau Rentals Inc. (the landlord) and Quebec Landlords Association (APQ) to conduct through any credit agency a personal/investigation/credit check and to contact any person having financial or contractual relationships with me or identified in this rental application. I understand and acknowledge that if the application information provided is incorrect or I have knowingly falsified information, it will negatively affect my application for tenancy. **All** personal information is **consensually given** for use by us or our appointed agents in respect to your application, subsequent tenancy, or on-file records in accordance with The Personal Information Protection and Electronic Documents Act (PIPEDA 2004). This is to include and extend to the gathering and consent to access of account information and status for **all** utility companies that the tenant may enter into contracts with for the duration and for periods after the termination of the tenancy to ensure accounts are in good and current standing during and at the completion of the lease period.

If your application is not accepted or you have changed your plans to apply, your application will immediately be destroyed and no record will be kept

Signature of Named Applicant _____ Dated this _____ day of _____, 20__