

We never stop moving:



FORT MCMURRAY
Each Office Independently Owned and Operated

Property Management Division
Jessie Wyatt

APPLICATION TO RENT
(PLEASE PRINT YOUR INFORMATION)

Date: _____

Address of premises to be rented: _____

Occupancy Date: _____ Lease Length: []Six (6) Months []One (1) year Other: _____

APPLICANT CONTACT INFORMATION

Applicant's Legal Name: _____

Applicant's Preferred Name: _____ Date of Birth: _____

Applicant's Driver's Licence Number: _____ Province/Territory Issued : _____

Applicant's E-mail: _____ Daytime Phone# _____ Cell Phone: _____

Co Applicant's Legal Name: _____

Co Applicant's Preferred Name: _____ Date of Birth: _____

Co Applicant's Driver's Licence Number: _____ Province/Territory Issued : _____

Co Applicant's E-mail: _____ Daytime Phone# _____ Cell Phone: _____

*Please provide copy of government issued photo ID for each applicant.

VEHICLE INFORMATION

Make and Model of Automobile(s): _____ Year: _____ Plate #: _____

Make and Model of Automobile(s): _____ Year: _____ Plate #: _____

REFERENCES

Applicant's Present Residence: _____ Rent or Own: _____

Name of Current Landlord (if applicable): _____

Phone Number of Landlord (if applicable): _____

References:

_____ Phone #: _____ Relationship: _____

_____ Phone #: _____ Relationship: _____

OCCUPANT DETAILS

Number of adults to occupy residence: _____

Number of children under age 18: _____

Ages of children: _____ - _____ - _____ - _____ - _____ - _____

Total number of occupants: _____

I understand that:

Smoking is not permitted

Pets are permitted subject to pet approval.

Number of pets (please print breed of pet) to occupy residence: _____

EMPLOYMENT INFORMATION (Please include 2 recent pay-stubs for each applicant)

Applicant is employed by: _____

Occupation: _____ Net Monthly Income: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Co Applicant is employed by: _____

Occupation: _____ Net Monthly Income: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

EMERGENCY CONTACT

In case of emergency please notify:

Name: _____ Relationship: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____

Application can be dropped off at our office located at **Coldwell Banker Fort McMurray 202-8706 Franklin Avenue** (office hours are Monday- Friday 8:30am-5:30pm) or sent via e-mail to **admin@ymmpropertyrentals.ca** once completed.

Signature: _____ Date: _____

Signature: _____ Date: _____

The applicant declares all above statements to be true and accurate. This information is confidential and will not be released to anyone without the consent of the applicant.