

CATHEDRAL PROPERTY MANAGEMENT

APPLICANT INFORMATION			
PROPERTY INTERESTED IN:		PREFERRED MOVE IN DATE:	
NAME:		DRIVERS LIC#	PROVINCE:
DATE OF BIRTH:	EMAIL:	PHONE:	
CURRENT ADDRESS:			HOW LONG:
CITY:	PROVINCE:	POSTAL:	
PREVIOUS LANDLORD:			PHONE:
PREVIOUS ADDRESS:			HOW LONG:
CITY:	PROVINCE:	POSTAL:	
VEHICLE MAKE:	MODEL:	PLATE#	
EMPLOYMENT INFORMATION			
CURRENT EMPLOYER:		ADDRESS:	
PHONE:	CITY:	PROVINCE:	HOW LONG:
POSITION:	HOURLY SALARY:	OTHER INCOME:	
EMERGENCY CONTACT			
NAME OF A PERSON NOT RESIDING WITH YOU:			RELATIONSHIP:
CITY:	PROVINCE:	EMAIL:	PHONE:
INDIVIDUALS TO RESIDE: (UNDER 18yrs)			
NAME:	DOB:	NAME:	DOB:
NAME:	DOB:	NAME:	DOB:
PETS			
NAME:	TYPE:	BREED:	AGE:
NAME:	TYPE:	BREED:	AGE:
NAME:	TYPE:	BREED:	AGE:
I authorize the verification of the information provided on this form as to my credit and employment and past tenancy. I declare the information provided is true and correct.			
Signature of applicant:			Date: