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Address of Apartment Desired:				Rental F		Parking:				
Date Req'd:										
Applicant's Full Name (please pr	int)			Addres	s (include P	ostal Code	e):			
Hamilton B. (B)										
How Long: Date of Birth: MM	DD YYYY				Social Ins	urance Nu	ımber:			
Phone:	Fax Number:	E-mail:						The second secon		
Co-Applicant's Full Name (please				Addres	s (include Pe	ostal Code	e):			
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	How Long: Date of Birth: MM DD YYYY				Social Ins	urance Nu	ımber:			
	Fax Number:		E-mail:							
	It is understoo	od that only th	e followi	ng may	occupy the i	rented pre	mises:			
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Name:	Date of Birth	Date of Birth: MM DD YYYY					Social Insurance Number:			
Name:		Date of Birth	n: MM DI	YYYY			Social Insura	nce Number:		
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## PLEASE PRINT CLEARLY

IMPORTANT: Incomplete information will delay processing of your credit application.

BY SIGNING BELOW, I/WE AUTHORIZE Camwood Properties Ltd AND/OR ITS AGENTS, SYNERGEX BUSINESS CREDIT, TO PERFORM CREDIT OFECKS, TO CONTACT BANKS, ANY REFERENCES, OR TAKE OTHER REASONABLE STEPS TO ASSESS THIS APPLICATION. I/WE ALSO GRANT PERMISSION TO THE LANDLORD AND BANK REFERENCES LISTED ABOVE TO IMPART FINANCIAL INFORMATION REQUESTED BY Camwood Properties Ltd OR THEIR AGENTS SYNERGEX BUSINESS CREDIT, IN THE COURSE OF REGULAR CREDIT INVESTIGATIONS. AS THE PRINCIPAL TENANT/RESIDENT(S) REFERRED TO HEREIN I/WE TAKE NOTICE THAT REPORTS WILL BE SOUGHT CONTAINING PERSONAL INFORMATION, FINANCIAL INFORMATION AND CREDIT INFORMATION AND I/WE CONSENT TO THE RECEIPT, DISCLOSURE AND EXCHANGE OF SUCH INFORMATION TO OTHER BUSINESS RELATED PARTIES, AGENTS AND CONSUMER REPORTING AGENCIES. AS THE UNDERSIGNED I/WE HEREBY AGREE THAT SUBSEQUENT CREDIT INFORMATION MAY BE OBTAINED THROUGHOUT THE DURATION OF THE BUSINESS RELATIONSHIP AND CONSENT TO THE RELEASE OF SAID INFORMATION. I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREE TO PAY RENT IN FULL ON THE 1st DAY OF EACH MONTH.

## **AGREEMENT**

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS. I ALSO UNDERSTAND THAT Camwood Properties Ltd. CAN CHANGE ITS POLICY AND CAN CANCEL CREDIT SUPPORT SERVICE AT ANY TIME. I/WE AGREE THAT ACCEPTANCE OF THIS APPLICATION SERVES AS A ONE YEAR LEASE AND WILL BE INCORPORATED INTO THE LANDLORD'S LEASE AGREEMENT, IN WHICH EVENT THE DEPOSIT SHALL BE APPLIED TOWARDS THE LAST MONTH'S RENT. IF I/WE SHOULD FAIL TO ENTER INTO THE ABOVEMENTIONED AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE DEPOSIT SHALL BE FORFEITED. FAILURE TO GIVE POSSESION ON THE DATE OF COMMENCEMENT SHALL NOT AFFECT THE VALIDITY OF THE ABOVEMENTIONED AGREEMENT NOR SHALL THE LANDLORD BE SUBJECT TO ANY LIABILITY TO THE APPLICANT(S) AND THE LANDLORD SHALL GIVE POSSESION AS SOON AS THE LANDLORD IS ABLE TO DO SO.

I/WE AGREE AND ACKNOWLEDGE THAT PROOF OF APARTMENT INSURANCE WILL BE PROVIDED TO THE LANDLORD PRIOR TO COMMENCEMENT OF TENANCY IN ACCORDANCE TO Camwood Properties Ltd. POLICY AND RTA.

Applicant's Signature:		Co-Applicant's Signature:	
Print Name:	Date:	Print Name:	Date:

## ACCEPTANCE BY LANDLORD:

The Landlord, Camwood Properties Ltd., hereby accepts this Rental Application & Agreement Form to lease the rental unit as herein described.

Landlord's Signature:	Date: