## **APPLICATION TO LEASE**

## **MANAGED BY - ATLAS PROPERTIES**

OFFICE 106 ALGOMA ST THUNDER BAY, ONTARIO PH 807-472-1639

WEBSITE: www.atlaspropertiestbay.com

FAX 807-475-8869 EMAIL anitaskedgel@gmail.com

TODAYS DATE	DATE ACCOMODATION	N REQUIRED	APARTMENT NUMBER
RENT \$ PE	R MONTH PLUS PARKING \$	PER MONTH PLUS OTHER	R \$ PER MONTH\$ TOTAL
UTILITIES INCLUDED GAS_	ELECTRICITY	UP TO\$PER MO_WATER	RTV CABLE OR SAT
HOW DID YOU HEAR AROU	OR IT THIS APARTMENT	_ ABLE TO PAY FIRST AND LAST MC	NTHS RENT YES NO
APPLICANTS 1) NAME	71 THO 74 74CTWEITT	NAME	
ADDRESS		ADDRESS	
CITY	// //	CITY	
TELEPHONE	(H) (W)	TELEPHONE (H) (W)	
APPLICANT'S PARTICUL	LARS	APPLICANT 1	APPLICANT 2
ARE YOU OVER 18 YRS OF	AGE?		
HOW LONG HAVE YOU LIVE	ED AT YOUR PRESENT ADDRES	SS?	
LANDLORD'S NAME AND A	DDRESS		
LANDLORD'S PHONE NUME	BER		
WHAT IS YOUR PREVIOUS	ADDRESS		
HOW LONG AT YOUR PREV	/IOUS ADDRESS		
OCCUPATION			
EMPLOYER'S NAME			
LENGHT OF EMPLOYMENT	•		
ANNUAL ( MONTHLY) INCO	ME		
YEAR AND MAKE OF VECH	ICLE		
LICENSE NUMBER OF VECI	HICLE		
SOCIAL INSURANCE NUMB	ER AND DATE OF BIRTH (FOR	CREDIT REPORTING PURPOSE)	
CHILDREN: IF SHARING OC	2)		
PETS NOIF NO	THEN MUST INITIAL	YES IF YES WHAT KI	ND
SMOKER YES	NO YESNO	HAVE YOU EVER BEEN EVICTED YE	:5 NO
PHOTO ID TYPE AND NUME	BER	AND PICTURE	
DO YOU PRESENTLY CARR	RY TENANTS INSURANCE YES_	NO	
HOW LONG DO YOU INTEND TO RESIDE IN THE SUBJECT PROPERTY 1 YEAR2YEARS3 YEARS OR MORE IS THEIR ANYTHING TO PREVENT YOU FROM PUTTING UTILITIES IN YOUR NAME YES NO			
			_ NO TWO CREDIT REFERENCES BELOW.
NAME	ADDRESS	PHONE NUMBER	OCCUPATION
A)			
B)			
C)			
IN CASE OF AN EMERGENO	CY, CONTACT:		
NAME:	ADDRESS:		_
TELEPHONE:	RELATIONSHIP:		
INQUIRES MAY BE MADE	E AT ANY TIME IN CONNECT		E AGREE AND CONSENT THAT CREDIT IODATION HEREBY APPLIED FOR. I ALSO
SIGNATURE OF APPLIC	ANT	SIGNATURE OF APPLICA	ANIT
JUSTIAL UNE UE AFFLIG	arr I	GIGINALUNE UF AFFLIGA	3171