



APPLICATION FOR RENTAL

Notice: All adults (18 years +) must complete a **separate application** for rental.
Proof of income must be **emailed** prior to viewing.

Call or Text 780-357-3338
 info@equity.rentals
 www.equity.rentals

PROPERTY ADDRESS APPLYING FOR	DESIRED RENT	#BEDS #BATHS	MOVE IN DATE	LEASE LENGTH	REFERRED BY
APPLICANT INFORMATION					
*LAST NAME		*FIRST NAME		MIDDLE NAME	
*BIRTH DATE	*CELL PHONE	OTHER PHONE	*EMAIL		
CURRENT ADDRESS					
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE	
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE	
MONTHLY RENT \$	REASON FOR LEAVING				
PREVIOUS ADDRESS If less than 2 years at current address					
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE	
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE	
MONTHLY RENT \$	REASON FOR LEAVING				
OTHER OCCUPANTS					
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER					
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS WHO ARE MINORS					
PETS					
FOR EACH PET DESCRIBE - SIZE / WEIGHT / TYPE / AGE					
				MY PETS ARE SPAYED/NEUTERED	YES NO
				MY PETS ARE REGISTERED	YES NO
EMPLOYMENT & INCOME INFORMATION					
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY INCOME \$	
SUPERVISOR NAME		SUPERVISOR PHONE	START DATE	END DATE	
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY INCOME \$	
SUPERVISOR NAME		SUPERVISOR PHONE	START DATE	END DATE	
1. OTHER INCOME DESCRIPTION - (AISH; EI; CHILD TAX ETC) INCLUDE INCOME SUPPORT CONTACT INFO IF APPLICABLE				MONTHLY INCOME \$	
2. OTHER INCOME DESCRIPTION - (AISH; EI; CHILD TAX ETC) INCLUDE INCOME SUPPORT CONTACT INFO IF APPLICABLE				MONTHLY INCOME \$	
EMERGENCY CONTACT 1					
*LAST NAME	*FIRST NAME	*CELL PHONE	*EMAIL		
*STREET ADDRESS		CITY	PROVINCE	POSTAL CODE	
EMERGENCY CONTACT 2					
*LAST NAME	*FIRST NAME	*CELL PHONE	*EMAIL		
*STREET ADDRESS		CITY	PROVINCE	POSTAL CODE	

