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## APPLICATION TO RENT

For Address:  **Wallaceburg** - 236 Margaret Ave. Apt. No. \_\_\_\_\_

OR  **Dresden** - 300 Park St. Apt. No. \_\_\_\_\_

**RENT** TERM of Tenancy: MINIMUM TERM is ONE FULL YEAR from the 1st day of the first full calendar month of occupancy. Tenancy does NOT commence until the Landlord's standard Lease Agreement is signed by Applicant(s) and the Landlord, Rent and Deposit payments are received by Landlord, and written proof of Applicant(s) establishment of necessary Electricity (Hydro) and Water/Sewage Utility Accounts for this Apartment are provided by the Applicant(s) to the Landlord, and keys are duly provided to the Applicant(s).

**DEPOSIT** Cancellation by Applicant—If approved by Landlord, and Applicant does not proceed to sign Lease and take occupancy, Applicant's One Month Rent Payment DEPOSIT is forfeited to Landlord. Otherwise, there is no charge for processing an Application, whether approved, or not. If Application is not approved by Landlord, ALL Applicant payment(S) are returned in full.

### Personal Information

Applicant(s) Name(s): \_\_\_\_\_ Co-applicants: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Phone Numbers: (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Current Address: \_\_\_\_\_ Time at this address: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone(s): \_\_\_\_\_

### Less than 3 years at this address? Please complete the past address information.

Past Addresses: \_\_\_\_\_ Time at this address: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone(s): \_\_\_\_\_

### Employment Information

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Less than 3 years at this employer? Please complete the past employer information.

Past Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Banking Information

Banking Institution #1 \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Banking Institution #2 \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

### References

Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact(s)

Name(s) \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s) \_\_\_\_\_

### Credit Check Authorization:

I authorize the person and firm to whom this application is submitted to obtain credit reports and other personal information deemed necessary in connection with the establishment and maintenance of a credit account.

Signature(s) X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_