



Princess
T O W E R S

401 Princess Street
Kingston, ON K7L 5C9
Phone: 613-544-1842 Fax: 613-544-1843
Email: princesstowers401@gmail.com
Web: www.princesstowers.ca

RENTAL APPLICATION

Applicant Information (Please Print) Viewed With: _____ Date: _____

1. Name (Last/First) _____ Date of Birth _____ Male Female

Telephone # (Home) _____ (Other) _____

Present Address _____

Landlords Name & Phone # _____

Length of Time at Present Address _____

Driver's License # _____ or Social Insurance # _____

If you do not have a Driver's License or Social Insurance Number we require:

Passport # _____ and Student Visa # _____

Automobile Parking Required: Yes No

2. Apartment Number Applied For: _____

3. Term to Start _____ Term to end _____

4. SHARED ACCOMMODATIONS ONLY: (Applicant must acknowledge all items)

NO SMOKING ALLOWED IN SHARED APARTMENTS: _____

BEDROOM FURNITURE REQUIRED Yes ___ No ___ (Confirm availability and monthly rental price.)

DOGS, CATS OR OTHER PETS/ANIMALS NOT ALLOWED: I AGREE _____

5. RENTAL INFORMATION (Electricity, Heat and Water included)

Monthly Rental Fee \$ _____ to be increased the first day of _____

Parking \$ 75.00 / month (If required, please confirm price.)

6. SUMMARY OF MONIES TO BE PAID (First months rent may be required - Last months rent is due with application.)

Regular Lease:

Short Lease:

First Month's Rent \$ _____

Last Month's Rent Deposit \$ _____

Pro-Rated Rent of \$ _____

Pro-Rated Rent of \$ _____

Last Month's Rent Deposit \$ _____

Total Payable on Arrival \$ _____

7. DEPOSIT - I hereby certify, this _____ day of, _____ I have deposited with the Landlord the sum of \$ _____ by certified cheque, cash, money order, direct deposit.

I agree that upon acceptance of the Rental Agreement by the Landlord, I shall forthwith enter into a Tenancy Agreement incorporating the above terms into the Landlord's usual form, in which event the deposit shall be applied toward the rent for the last month of occupancy. If I should fail to enter upon such Tenancy Agreement, in addition to any other rights accruing to the Landlord, I shall agree that the deposit shall be forfeited. The deposit is refundable to the applicant if the application is declined by the Landlord.

If, through no fault of the Landlord, they are unable to give possession of the rented premises on the date of commencement of the term, the Landlord shall not be subject to any liability to the Applicants and shall give possession as soon as the Landlord is able to do so. Failure to give possession on the date of the commencement shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenant(s) or in any way be construed to extend the term of this Tenancy Agreement.

In the event that a Tenancy Agreement is entered into, this Rental Application by the terms of clause 21 of the Tenancy Agreement will be deemed to form part of the Tenancy Agreement. Any omission or misstatement in this Rental Application, by the Applicant(s), may result in the termination of your tenancy even after occupancy has been taken.

This Applicant hereby gives permission to the Landlord or his Agent to perform a credit check, contact employers, previous landlords' or to take any other reasonable steps to adjudicate this Rental Application.

(Applicants Signature)

(Date)

ACCEPTANCE: The Landlord hereby accepts this Rental Application for the Premises as herein described.

(Landlord or Agent Signature)

(Date)

ADDITIONAL TENANT INFORMATION

Rental History	Previous Address 1	Previous Address 2
Address		
Street		
City, Province		
Postal Code		
Landlord's		
Name		
Phone #		
Length of Time at Address		
From		
To		

Employer Information

Employer's Name _____

Address _____

Phone # _____

Length of Employment _____

Occupation _____

Name of School Attending _____

Faculty _____

Insurance

The applicant is advised to have insurance coverage in sufficient amount for liability against fire, theft and water damage risk.

Proposed Occupant(s) other than Applicant

It is understood that only the Applicant and occupant(s) listed below are to occupy the rented unit. Any occupant changes must be reported to the Management and require the Landlord's written approval.

	Name (Last/First)	Relationship	Date of Birth	Male/Female
Occupant #1				
Occupant #2				
Occupant #3				

Contact Person in Case of Emergency

Name _____

Address _____

Phone # _____

I certify that the above information is complete and correct and acknowledge receiving a copy of this Rental Application.

(Applicant's Signature)

How did you hear about our accommodations? Referral Queen's Listing Internet Other

Princess Towers will provide your contact information to Telephone, TV, and Internet Service Providers if noted below.

NOTE: Leave blank if you do not want to be contacted.

Telephone #: _____

Email: _____