

## BONA PROPERTIES RENTAL APPLICATION

I hereby make application to rent the property located at **169 LEES AVENUE**. Apartment number \_\_\_\_\_  
 Beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. For a period of **12 months OR 12.5 months**.  
 At a monthly rent of \$ \_\_\_\_\_.

Year/Month/Day

<b>Name of Applicant:</b>	<b>D.O.B</b>
<b>Drivers License:</b>	<b>S.I.N:</b>
<b>Daytime Phone:</b>	<b>Evening Phone:</b>
<b>E-mail address:</b>	

**Starting with your current address list at least 2 prior addresses going back to maximum of 7 years.**

Address	City	Postal Code	Years	Landlord's Name & Tel. No

***Written confirmation of all employment/income information is required before approval of application.***

<b>Present Employer:</b>	<b>Contact</b>	<b>Tel:</b>
<b>Position</b>	<b>Salary</b>	<b>Start Date?</b>
<b>Other Income</b>	<b>Administrator:</b>	<b>Tel:</b>
<b>Bank Name and Branch:</b>	<b>Contact:</b>	<b>Acct .No:</b>

**Other applications attached? Yes No If yes, how many? \_\_\_\_\_**

<b>List of other Occupants &amp; Dates of Birth:</b>

<b>Year, Make &amp; Model of Auto:</b>	<b>License Plate:</b>
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**Have you ever filed for bankruptcy? Yes? No? Discharge Date: \_\_\_\_\_**

**How many evictions have been filed or commenced on you? \_\_\_\_\_**

**How many animals do you have and which type? \_\_\_\_\_**

<b>Personal Reference:</b>	<b>Address:</b>	<b>Telephone:</b>

**Emergency Contact-For example: Non-payment of rent, building emergencies, floods, fires etc.**

<b>Next of Kin:</b>	<b>Relation:</b>	<b>Telephone:</b>

**I agree to pay for the following services:**

- Hydro consumption billed by Hydro Ottawa**
- Outdoor parking @ \$80.00 per month**
- Indoor parking @ \$120.00 per month**
- Maximum 1 spot per apartment, subject to availability and not guaranteed.**

**I/We enclose a deposit of First month's rent \$ \_\_\_\_\_**

**First month's parking \$ \_\_\_\_\_**

**Total Deposit \$ \_\_\_\_\_**

**Please note that this deposit amount may not be the final sum required, it is possible that you will be asked to provide us with additional funds, including Last Month's rent. This deposit must be provided in certified funds, Money Order Bank Draft or Debit Transaction.**

**Picture Identification must accompany this application.**

If not accepted as tenant(s), the deposit will be returned within four business days from date of refusal. Management assesses each application in accordance to the Ontario Human Rights Commission. Among qualities reviewed, but not limited to, Management will evaluate credit history, rental and landlord history, reference reviews, completeness of application and information within, income information and any other information that the Landlord may find pertinent at the time of application. An incomplete application or an application that intentionally misrepresents the tenant will be reason for disqualification and/or future consideration.

**It is the policy of Bona Properties, that should an application be refused, Management will not provide any specific reasons for the decision.**

All or part of the deposit may be forfeited to cover expenses involved to process my application, and if necessary, finding another tenant, if the apartment is refused by applicant after verification has taken place.

**I agree to observe the rules of the house as set out by the Landlord and be in possession of Tenants Insurance.**

I authorize Bona Building & Management and it's agents or assignees to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify your personal information in order to protect me, ensure the completeness of the information and maintain the integrity of the credit granting system and to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect you and me from fraudulent transactions. I also authorize you to obtain a personal credit information report related to this application and to verify directly the information you have supplied above.

**If applicant is approved the applicant consents to the owner providing my contact information to Rogers Cable to allow them to pass on exclusive partner savings to the applicant. A contact name and telephone number along with lease details will be the only information provided to Rogers Cable Services.**

**I agree that smoking is prohibited in my rental unit and in the building. There shall not be any smoking within 9 meters/ 30 feet from the building. I also acknowledge that this building is transitioning to a smoke-free building and that until the transition has been completed, there will continue to be smoking permitted in the 'grandfathered' units of the building.**

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

**For Office Use Only:**

**Approved or Refused**

Lease name(s): \_\_\_\_\_

Lease start date: \_\_\_\_\_ Lease end date: \_\_\_\_\_ Total Lease term: \_\_\_\_\_

Monthly rent: \$ \_\_\_\_\_ Lease obligation: \$ \_\_\_\_\_

FMR: \$ \_\_\_\_\_ LMR: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Total certified funds due: \_\_\_\_\_

Authorized and verified by: \_\_\_\_\_