

BONA PROPERTIES RENTAL APPLICATION
Somerset Manor

I hereby make application to rent the property located at **210 Somerset St West** Apartment number _____, Beginning on the _____ day of _____, 20_____. For a period of **12 months OR 12.5 months.** At a monthly rent of \$_____.

Name of Applicant:	Year/Month/Day
Drivers License:	D.O.B
Daytime Phone:	S.I.N:
Email:	Evening Phone:

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.

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

Other applications attached? Yes No If yes, how many? _____

List of other Occupants & Dates of Birth:	
Year ,Make & Model of Auto:	License Plate:

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? _____

Personal Reference:	Address:	Telephone:

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

Next of Kin:	Relation:	Telephone:

I agree to pay for the following services:

- Indoor parking @ \$180.00 per month
- Outdoor parking @ \$120.00 per month

Maximum 1 spot per apartment, subject to availability and not guaranteed.

I/We enclose a deposit of Last 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 First Month's rent. This deposit must be provided in certified funds, money Order or Bank Draft. 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.

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: _____

<u>For Office Use Only</u>	
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: _____