



131 Maple, Suite 100
 Chateauguay, Québec, J6J 5J2
 Tel: 450-699-8253
 Fax: 450-691-9688
 info@erables.ca
 www.erables.ca

Offer to Lease / Rental Application

Apartment & Rental Information

<input type="checkbox"/> 129 Maple Blvd, Chateauguay J6J 5J1	Term:		Number of Occupants
<input type="checkbox"/> 131 Maple Blvd, Chateauguay J6J 5J2	Start Date:		Adults:
Apt No:	Size:	Expiry Date	Children:

Financial Obligation	Rental	Payment Method
Apartment Rental :	\$	<input type="checkbox"/> Cash
<input type="checkbox"/> Fridge Rental - \$15.00/mo. :	\$	<input type="checkbox"/> Cheque
<input type="checkbox"/> Stove Rental - \$15.00/mo. :	\$	<input type="checkbox"/> Interac
<input type="checkbox"/> Locker Rental - \$15.00/mo. :	\$	<input type="checkbox"/> Automatic deposit
TOTAL (1st Month's Deposit to be included with Application):	\$	<input type="checkbox"/> Bank Transfer

Services included: Hot water Exterior Parking, Water Taxes	Services Excluded: Heating, electricity	Notes: Pets, satellite dish, BBQ and washer/dryer not permitted. No smoking in the building.
--	--	---

COMMENTS:

Tenant / Applicant Information

First Name:	Last Name:	
Date of birth (DD/MM/YY):	SIN:	Driver's permit:
Res Phone:	Mobile Phone:	Work Number
Email address:		

Current address (Tenant / Applicant)

Address and Street		
City:	Province & Postal Code:	Res Phone:
Own or Rent?	Current rent or Mortgage:	How long?

Employment Information (Tenant / Applicant)

Current employer:	Position:
Address:	
Supervisor:	Phone:
Salary:	How long?

Banking

Bank:	Address:	Phone:
Acct No:	Acct No:	Acct No:

Vehicles to be parked at the property			
Make / Model / Year / Colour:			License:
Make / Model / Year / Colour:			License:
■ CO-APPLICANT / ■ GUARANTOR			
First Name:		Last Name:	
Date of birth (DD/MM/YY):		SIN:	Driver's permit:
Res Phone:	Mobile Phone:	Work Number	Email:
Current Address (Co-Applicant and/or Guarantor) - if different from Applicant			
Address and Street			
City:		Province:	Postal Code:
Own or Rent?	Current rent or Mortgage		How long?
Employment Information (Co-Applicant and / or Guarantor)			
Current employer:		Position:	
Employer address:			
Contact person:		Phone:	
Salary:		How long?	
Emergency Contact (Name of person not living with you)			
First Name:		Last Name:	
Address and Street			
City:		Province:	Postal Code:
Res Phone:	Mobile Phone:	Work Number	
Relationship:			
Signatures			
I and/or we, the undersigned, declare that the information contained herein is true and accurate and hereby authorize Domaine des Erables Inc, and/or its authorised agents to perform the appropriate credit and employment verifications, the whole at its sole and absolute discretion. I (we) agree and acknowledge that in the event we are notified of my (our) approved credit within 7 business days, I (we) agree to promptly sign th Lease, failing which the rental deposit can be retained as liquidated damages.			
Name of applicant:	Signature X	Date (DD/MM/YY):	
Name of Co-applicant:	Signature X	Date (DD/MM/YY):	
Name of guarantor:	Signature X	Date (DD/MM/YY):	
How did you of us?			
<input type="checkbox"/> louer.com <input type="checkbox"/> facebook.com <input type="checkbox"/> kijiji.com <input type="checkbox"/> Newspaper <input type="checkbox"/> Sign <input type="checkbox"/> Existing tenant <input type="checkbox"/> Other _____			
Office Use Only			
Leasing contact:	<input type="checkbox"/> ID copy & verified <input type="checkbox"/> Deposit received	Date (DD/MM/YY):	
Office/Name:	<input type="checkbox"/> Offer accepted <input type="checkbox"/> Offer refused	Date (DD/MM/YY):	