

Residenza Italia

Application for Tenancy – 1109 Hamilton Road, London, ON N6H 5J9

This is a confidential application for tenancy.

Please complete this form in full.

Applicant#1 _____ Date of Birth (dd/mm/yyyy): _____

SIN _____ Driver's License _____

Telephone _____ Email Address _____

Current Address _____ Apt/Unit # _____

City _____ Province _____ Postal Code _____

How long at this address? _____ Rent per Month \$ _____

Landlord's Name _____ Telephone _____

Prior address if less than two years _____ Apt/Unit # _____

City _____ Province _____ Postal Code _____

Applicant#2 _____ Date of Birth (dd/mm/yyyy): _____

SIN _____ Driver's License _____

Telephone _____ Email Address _____

Current Address _____ Apt/Unit # _____

City _____ Province _____ Postal Code _____

How long at this address? _____ Rent per Month \$ _____

Landlord's Name _____ Telephone _____

Prior address if less than two years _____ Apt/Unit # _____

City _____ Province _____ Postal Code _____

References:

1. _____ Telephone _____

2. _____ Telephone _____

3. _____ Telephone _____

Emergency Contacts:

1. Name: _____ Telephone _____ Relationship _____

2. Name: _____ Telephone _____ Relationship _____

Employment:

Applicant #1 Employer _____

Title / Position _____ Annual Income _____

How long have you been working there? _____ Telephone _____

Applicant #2 Employer _____

Title / Position _____ Annual Income _____

How long have you been working there? _____ Telephone _____

Car Information:

Car Make/Model _____

Do you require parking? Y/N _____ Number of Spots _____

Pets:

Do you have any pets? Y /N _____ Type and Breed _____

Banking Information:

Name _____ Address _____

Declaration:

I declare that the above-mentioned information is true and correct. I further authorize the Italian Seniors' Project to obtain and or exchange personal information with any personal information agent in regards to establishing or verifying my financial standing.

Applicant #1 Signature _____ Date: _____

Applicant #1 Signature _____ Date: _____

Preferred Unit:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

When would you be able to move into the apartment?

Day: _____ Month: _____ Year: _____

For questions or assistance contact: 519.963.0963 or italianseniorsproject@rogers.com

Please return the application form to the following address:

Italian Seniors' Project

Unit 3B – 1055 Sarnia Road

London, ON N6H 5J9

Tel: 519.963.0963 Fax: 519.690.2066

italianseniorsproject@rogers.com

COMMENTS: