Manager 4 You Chatham, ON, N7L0C8 Phone: 519-352-7233 / info@4youco.ca



Rental Application

Property Information						
Property Address:		City:		Province:	PC:	
Rent Amount:		Move-In Date:		Today's Date:		
Referred By:						
Applicant Information	n					
Name (First, Middle,			DOB:			
Phone #:		Email:			SIN:	
Current Address:		City:		Province:	PC	
Date In:		☐ Rent	Own	Monthly Rent:		
Landlord Name:		Phone #:		Reason for Moving:		
Previous Addresses						
Address:		City:		Province:	PC	
Date In:	Date Out:	☐ Rent	Own	Monthly Rent:		
Landlord Name:		Phone #:		Reason for Leaving:		
Address:		City:		Province:	PC	
Date In:	Date Out:	☐ Rent	Own	Monthly Rent:		
Landlord Name:		Phone #: Reason for Leaving:				
Other Occupants						
Name:				Under 18:	☐ Yes	☐ No
Name:				Under 18:	☐ Yes	□ No
Name:				Under 18:	☐ Yes	□ No
Name:				Under 18:	☐ Yes	□ No
Vehicle/Pets						
Vehicle: Yes	□ No	Drivers License #:			# of Vehicles:	
Make & Model:		Plate #:		Year:		
Make & Model:		Plate #:			Year:	
Pets: Yes	□ No	Describe:				

Employment & Income Information				
Employer 1:		Position:		Salary:
Start Date:	Phone #:			
Employer 2:		Position:		Salary:
Start Date:	Phone #:			
Other Income Description:				Salary:
References				
Name:	Phone #:		Relationship:	
Name:	Phone #:		Relationship:	
Name:	Phone #:		Relationship:	
Background Information				
Have you been evicted from a rental property?	☐ Yes	□ No		
Have you filed for bankruptcy in past 5 years?	☐ Yes	□ No		
Do any occupants smoke?	☐ Yes	□ No		
Have you been convicted of a crime?	☐ Yes	□ No		
Will you agree to a background & credit check?	☐ Yes	□ No		
Additional Information - Include any add	ditional informatio	n you feel wou	ld help to evaluate th	is application:
I hereby authorize information provided on this rental appli		to	conduct the verifica	tion process of the
Applicant's Signature	Printed Name		Date	