

ASTORIA

ASSET MANAGEMENT LTD.

505 Centre Ave E
Airdrie, AB T4B 1P9

OFFICE USE ONLY	INITIALS
APPROVED	
DENIED	
DATE	

Rental Application Form - one application must be filled out by each Tenant in full, or applications will not be considered

Address _____ Suite # _____ Parking Stall if Applicable _____

Term _____ Monthly Rent _____ Proposed Move-In Date _____

NAME IN FULL _____ DATE OF BIRTH _____

Contact Phone # _____ or _____ email: _____

Other Occupants (under the age of 18) _____ Relationship: _____

_____ Relationship: _____

Current Address _____ / _____ / _____ Length of Tenancy _____
street address city postal code

Current Landlord Name/Company _____ Phone # _____

Previous Address _____ / _____ / _____ Length of Tenancy _____
street address city postal code

Previous Landlord Name/Company _____ Phone # _____

Current Employer: _____ Address _____ Phone # _____

Supervisor _____ Length of Employment _____ Position _____ Salary \$ _____

Previous Employer: _____ Address _____ Phone # _____

Supervisor _____ Length of Employment _____ Position _____ Salary \$ _____

References:

1) _____ / _____ / _____
Name: Address: Phone #: Relation:

2) _____ / _____ / _____
Name: Address: Phone #: Relation:

Credit Cards:

(1) Type _____ Number _____ (2) Type _____ Number _____

Bank Name: _____ Address: _____ Type Of Account _____ Account # _____

Driver License # _____ Social Insurance # _____

In case of emergency: Name _____ Relation _____

Phone # _____ Address _____

Comments: _____

I/We hereby certify that all statements made in this application are true and I/we hereby authorize the Landlord to conduct a personal investigation/credit check and to contact any person identified in this Rental Application. I understand and acknowledge that if the application information provided is incorrect Astoria Asset Management Ltd. may at its option elect to terminate my tenancy agreement upon thirty days written notice. **I/We hereby acknowledge that there are no pets allowed on these premises without written authorization from the Landlord.** In order for Astoria to comply with federal and/or provincial privacy legislation, I/we understand that all personal information collected from me/us may be collected, used and disclosed by Astoria for the purpose of my/our application assessment, for the purpose of debt collection, to uphold and maintain the rules and regulations of the property, to evaluate my/our tenancy, to comply with applicable law and in the ordinary course of Astoria's business, including, but not limited to, any refinancing or potential sale of the property. The Landlord hereby acknowledges receipt of the sum of \$ _____ as deposit to be considered as a rental deposit, **forfeitable, in the event that the applicant does not take occupancy on the commencement date as agreed** upon or fails to execute the standard lease agreement when presented for execution. Upon the applicant taking possession of the apartment, the deposit shall be deemed to be a Security Deposit as defined in the Province of Alberta under the Residential Tenancies Act, cR-17.

Cash/Certified Cheque/Money Order # _____ number of applicants _____

Rental Agent _____ Prospective Tenant _____

Dated this _____ day of _____, _____