

APPLICATION TO RENT

OWNER: 614225 Saskatchewan Ltd.

Office: Suite # 27 – 2401 Koyl Ave., Saskatoon, Sask. S7K 0M1

Phone: (306) 664-2546

Fax: (306) 664-2547

Email: info@saskrent.ca

*Applicant's full name _____ Date _____

Phone # _____ Cell # _____ Email _____

Age _____ S.I.N _____

*Roommate / Spouse Full Name _____

Phone # _____ Cell # _____ Email _____

Age _____ S.I.N _____

Address of premises to be rented: _____, Saskatoon, SK. _____, APT. NO. _____

*Type of apartment desired: Bachelor 1 Bedroom 2 Bedroom 3 Bedroom

Number of adults to occupy apartment _____ Number of children under 18 _____

Ages of children _____

Pets to occupy apartment Yes No OR No Pets Allowed _____ **(Initials)**

*Applicant is employed by _____ Occupation _____

Work Phone # _____ Average Income _____

Former Employer _____

From _____ to _____ Phone # _____

*Roommate / Spouse is employed by _____ Occupation _____

Work Phone # _____ Average Income _____

Former Employer _____

From _____ to _____ Phone # _____

*Nearest Relative Not Living With Me _____ Phone # _____

Address _____ Cell # _____

Employer _____ Phone # _____

***References:**

Landlord's Name _____ Phone # _____ Cell # _____

Caretaker's Name _____ Phone # _____ Cell # _____

Address _____

Rent \$ _____ From _____ to _____ Reason for leaving _____

***Credit reference: (List bank, credit union, charge accounts, or other credit references.)**

1. _____

2. _____

***Personal references:**

1. _____ Phone # _____ Cell # _____

2. _____ Phone # _____ Cell # _____

***Terms:**

Monthly Rent \$ _____ Deposits \$ _____ Parking \$ _____ Pets \$ _____

Total Amount Payable **Monthly** by Tenant (including rent, parking, and all fees) \$ _____
_____, _____ **(Initials)**