Date Desired

(Signature)

## APPLICATION TO RENT OWNER: 614225 Saskatchewan Ltd.

Office: Suite # 27 – 2401 Koyl Ave., Saskatoon, Sask. S7L 5X8

Phone: 306-664-2546 Email: info@saskrent.ca

Applicant's Full Name:				Date	
Phone #	-			Email	
Age Applicants present residence					
Address of premises t	to be rented: 24	01 Koyl Avenue	e, Saskatoon, S	SK, S7L 5X8, APT.	#
Type of Apartment D	Desired: B	achelor			
Number of Adults to Occupy Apartment1			No Pets Allowed (Initials)		
Proof of Income: (Ch	oose Option Tha	t is Most Relevant)			
Applicant Employed By			Occupation		
Work Phone #					
Gov't Benefits					
Social Worker Name Phone#					
Emergency Contact o	or Next of Kin			Phone #	
Address		Cell #			
Emergency Contact's Employer					
Rental References: (F	Require at Least 1	Year of Rental Ref			
Landlord / Property N	Ignt		Phone #	Cell #	
Caretaker's Name _			Phone #	Cell #	
Rental Address					
Rent \$	From	to	Reason for Le	eaving	
Credit Reference: (Lis					
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1 D. C					
Personal References:				Cell # _	