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 H2L 4Y5

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 http://www.sosproprietaires.com

CLIENT

RENTAL APPLICATION

IDENTIFICATION OF DWELLING

Apt _____ Address _____ City _____ Postal code _____
 Duration _____ Start date _____ End date _____
 Monthly rent _____ Number of occupants _____

IDENTIFICATION OF THE APPLICANT

Name _____ First name _____ Sex _____ Status _____
 SIN (optional) _____ Date of birth (Day) _____ (Month) _____ (Year) _____
 RAMQ _____ Driver's licence _____

ACTUAL ADDRESS

Address _____ City _____ Province _____ Postal code _____
 Phone _____ Cell _____ Other _____
 Since when _____ End of the lease _____ Monthly rent _____
 Landlord's name _____ Landlord's phone number _____

EMPLOYMENT SITUATION

Name of the employer _____
 Address _____ Phone _____
 Occupation _____ Since when _____ Salary _____
 Contact _____

BANK REFERENCE

Bank name _____ Transit _____
 Address _____ Account _____

PERSONAL REFERENCE (IN CASE OF EMERGENCY)

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

CONSENT

DÉCLARATION AND AUTORISATION

I hereby authorise the landlord or his representative **SOS Propriétaires** to conduct a credit report and to obtain and give any necessary information in order to approve this application. The informations obtained will be kept confidential and will serve to qualify me for an apartment. * The deposit is refundable only if the owner rejects/refuses tenant *

Signe in: _____ Date : _____ Signature: _____