


APPROBAIL: APPLICATION FOR RENTAL

 OFFICE : 819-281-6371 FAX : 819-281-5588 e-mail : appro-bail@videotron.ca	Member <input type="checkbox"/> Non-member <input type="checkbox"/> Name of the owner to charge : _____ Representative of the owner : _____
	HOW DO YOU WANT YOUR REPORT? Phone _____ Fax _____ e-mail _____
	_____ _____ _____

Please use on form per customer

WRITES LEGIBLY

TENANT'S INFORMATIONS

Name :	Date of birth :
Surname :	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Maiden name :	How many children :
Driver's permit copy :	SIN _____
Telephone home :	Telephone office :

ARE YOU CO-SIGNER : If yes, for whom _____
 YOU'RE LINK WITH THIS PERSON: _____

ADDRESS HISTORY

Present address :	Rental <input type="checkbox"/> Owner <input type="checkbox"/>
Town :	Family <input type="checkbox"/>
How long did you reside there :	Rent fees : Lease : yes no
Owner's name :	
Owner's telephone :	Reason for leaving :

Previous address :	Rental <input type="checkbox"/> Owner <input type="checkbox"/>
Town :	Family <input type="checkbox"/>
How long did you reside there :	Rent fees : Lease : yes no
Owner's name :	
Owner's telephone :	Reason for leaving :

EMPLOYMENT

Employment :	Telephone :
Address :	Length : year month
Contact person (Human Resources)	Telephone :
Position held :	Salary :

Previous employer :	Telephone :
Address :	Length :
Contact person (Human Resources)	Reason for leaving :

Name of relative (for emergencies) ::	Telephone :
Link :	

QUÉBEC

Have you ever been guilty of a criminal or penal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever go bankruptcy? If yes, when: Name of trustee :	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ONTARIO

Have you ever been guilty of a criminal or penal offense ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever go bankruptcy? If yes, when: Name of trustee :	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Signed on :

For the purpose of rental of an apartment located at :

In the amount of \$/monthly, for the (date):

Under the guideline of law 768, in regards to the protection of the personal information act, I hereby authorize Appro-Bail and the owner identified above to obtain and/or other information judged essential in order to rent a dwelling he solemnly affirm that all the information identified in sections of this form are true, including its address and date of birth and that, in order a lease for an apartment.

Potential tenant signature :

The owner and his agent are responsible for verifying the identity of the potential tenant, including date of birth and address, checking parts formal identities. To this end, they say they have verified this information. Before submitting the form and be aware that the lack of verification is a cause of erroneous report and in this regard, the owner waives all claims against Appro-bail for any damages including unpaid rent, arising from an investigation erroneous conclusions arising from the failure by the owner to verify the identity of the potential tenant. In held responsible in any way for damage caused to the owner, including unpaid rent. The outcome of the investigation does not exclude doubt and cannot be guaranteed. The report to be provided by Appro-bail is confidential and must not be disclosed to anyone other than the potential tenant.

Signature of the authorized representative of the owner :

AU SERVICE DES PARTICULIERS ET DES GENS D'AFFAIRES DEPUIS 1993

APPRO-BAIL

Consultant en solvabilité de locataires
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LES GESTIONS LA LIEVRE

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