H.E. REINERT HOLDINGS CORP. P.O. BOX 460

Check out our Web Site www.reinertholdings.ca

MANOTICK, ONTARIO

K4M 1A5 PHONE 613-238-6736

> reinertoffice@storm.ca e-mail

Rental Application/Offer to Lease

	Rental Application/Oner to Lease								
NAME:									
	Last			First					
!									
PRESENT				HOW LONG AT PRESENT	ADDRESS:				
ADDRESS:									
	Number, Street, Apt. No.			LANDLORD:					
				LANDLORD'S					
				PHONE NUMBER:					
	City, Prov. & Postal Code			<u> </u>					
PREVIOUS									
ADDRESS:				HOW LONG AT					
	Number, Street, Apt. No.			PREVIOUS ADDRESS:					
				_					
	City, Prov. & Postal Code								
					•				
PHONE:									
	HOME		WORK		CELL				
I	0 111			•					
	Social Insurance Nu	mber	Email Add	Iress	Date of Birth(m-d-y)				
					<u></u>				
PRESENT				ANNUAL					
PRESENT EMPLOYER:				INCOME:					
ENIFLO I EIX.	(Company Name)			- IINCOIVIL.					
	(Company Name)								
	LENGTH OF EMPLO	YMFNT:		OCCUPATION:					
	LENGTH OF LIME COTMENT.			_					
	EMPLOYERS TELEPHONE:								
PREVIOUS									
EMPLOYER:				_					
	(Company Name)			-					
	LENGTH OF EMPLOYMENT:			_					
BANK:				T)/DE 05 400T					
				TYPE OF ACCT.:					
	DD ANCLI.			ACCOUNT NO .					
	BRANCH:			ACCOUNT NO.:					
PREMISES	PROJECT NAME:								
APPLIED	PROJECT NAME.	ASPEN TO)WERS						
FOR:		AOI LIVIC	ZVVLINO		=				
i oik.	SUITE NO.		TYPE C	F SUITE:					
	CONE NO.			1 00112.	-				
	ADDRESS: 2935 RICHMOND RO								
	ADDRESS:	2935 RICH	IMOND RO	AD					

By providing us with your email address you consent to us contacting you by email. Your address is not given out to any other companies or parties. We will use your email address for the purpose of communicating apartment related issues and will never use it as part of mass email promotions.

DETAILS OF OCCUPANCY:

It is proposed that the following only will occupy the rented premises.

						IDLEAGE NOTE	
Name:	Date of Birth:	PLEASE NOTE: All adults that will					
Name:	Date of Birth:		be occupying the unit must fill out				
Name:			Date of Birth:			an application.	
Term to Commence			Date of Birth.		By signing this application the applicant agrees that a consumer report containing		
					personal and/or credit	information will be	
Term to End					obtained. The applicathe landlord to obtain i		
1 yr. term		Sublet			employers and previous information obtained a		
Month Lease		As Is			provided on this application will be treated in a confidential manner.		
Monthly Rent:			\$		_		
Parking:	Indoor Outdoor	\$ \$		_			
Monthly Total:			\$		_		
No application will be cons	sidered complete ui	ntil deposits h	nave been provided.				
Deposits: 1st Months Rent			\$				
or			φ		First mont		
Pro-rated 1st Months Rent (this is used when the first month of occupancy is not a full month)			\$		cheque must be for the date the application is taken.		
Last Months Rent Deposit:			\$		LMR deposit cheque must either be dated		
Received with application:	1st Mos.Rent					application or ost-dated until date.	
	LMR Deposit						
I certify that the information	provided on this form	is true.					
Signed			_	Witness			
Date			-				
In Case of Emergency-Pleas	se contact						
Phone Number	Relationship						
This application for the rente			for H.E. Reinert Holdir	nas Corp.			