|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CSSA Properties Rental Application** | Date: |  |  |  |  | **20** |  |
|  |  | Month |  | Day |  | Year |  |
| Address of premises to be rented: |  | **Street,** | **Apartment** |  | **Brantford,** | **Ontario** |
|  |
| Occupancy Date: |  |  |  |  | **20** |  | to |  |  |  |  | **20** |  |
|  |  |  | Month |  | Day |  | Year |  |  | Month |  | Day |  | Year |  |
| Applicant’s Full Legal Name: |  |
|  |
| Applicant’s Preferred Name: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth: |  |  |  |  |  |  | Social Insurance Number: |  | - |  | - |  |  |
|  |  | Month |  | Day |  | Year |  |  |  |  |  |  |  |
| If applying for parking: |  |
| Make and Model of Automobile: |  |  |  | Plate No. |  |
|  |
| Applicant’s Present Address: |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Number |  | Street |  | City |  | Province |  |
| Cell Phone: |  | - |  | - |  | Email: |  |
|  |
| Number of Individual(s) to Occupy Residence: |  |  |
|  |
| Roommate’s Names: |  |  |  |
|  |
|  |  |  |  |
|  |  |  |  |  |  |
| Number of Pet(s) to Occupy Residence: |  | Type of Pet(s): |  |
|  |  |  |  |
| Guarantor’s Full Legal Name: |  |
|  |  |
| Date of Birth: |  |  |  |  |  |  | Social Insurance Number: |  | - |  | - |  |  |
|  |  | Month |  | Day |  | Year |  |  |  |  |  |  |  |
| Guarantor’s Present Address: |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Number |  | Street |  | City |  | Province |  |
| Cell Phone: |  | - |  | - |  | Email: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The applicant understands that: |
| * Smoking is not permitted
* Waterbeds are not permitted
* Illegal substances of any kind are not permitted
 |
| References: (preferably those not related to you. e.g. work or volunteer) |
|  |
| 1. |  |  |  |  |  | - |  | - |  |  |
|  | Name |  | Relationship to Applicant |  | Phone |  |
| 2. |  |  |  |  |  | - |  | - |  |  |
|  | Name |  | Relationship to Applicant |  | Phone |  |
| 3. |  |  |  |  |  | - |  | - |  |  |
|  | Name |  | Relationship to Applicant |  | Phone |  |
|  |
| The applicant declares all above statements to be true and accurate. This information is confidential and will not be viewed or released to anyone other than the Owners/Managers of CSSA Properties without the explicit consent of the applicant. |
| Note: * At the time of lease signing please provide CSSA Properties with a cheque for your first month’s rent and damage deposit equal to your first month’s rent. (This is commonly referred to first and last month’s rent.)
* In addition to this, 10 cheques post dated for the first of each month. This ensures rent is paid on time each month.
	+ If your lease begins on May 1st, the post dated cheques should be dated for June 1st through March 1st of the following year.
* Make cheques payable to: CSSA Properties
* Save this application as your full legal name followed by ‘Rental Application’ i.e. ‘Cameron Stone – Rental Application’

**Once the application is complete please submit your application to: cameron@cssaproperties.com**If you have any questions or concerns about the application process or the apartment(s) you have viewed please contact Cameron directly at 519.717.6530 or cameron@cssaproperties.com |
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