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| **CSSA Properties Rental Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | **20** | | | |  | | | | |
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| Address of premises to be rented: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Street,** | | | | | | | | | | **Apartment** | | | | | | | | | |  | | | | | **Brantford,** | | | | | | | | | | | | | | | | | | **Ontario** | | | | | | | | | | | | | | | | | |
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| Occupancy Date: | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | **20** | | | | | |  | | | to | |  | | | | | | | | | | | | | | |  |  | | | | | | | |  | | | | | **20** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | Month | | | | | | | | | | | | | |  | | | | | | | Day | | | | |  | | | Year | | | | | |  | | |  | | Month | | | | | | | | | | | | | | |  | Day | | | | | | | |  | | | | | Year | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Full Legal Name: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Preferred Name: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Birth: | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | | | | |  | | | Social Insurance Number: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | - | | | |  | | | | | | | | | - | | | |  | | | | | | |  | | | | | | | |
|  | | |  | | | | Month | | | | | | | | | | | | | |  | | | | | | | | Day | | | | | |  | | | Year | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| If applying for parking: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make and Model of Automobile: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | Plate No. | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Applicant’s Present Address: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Cell Phone: | | | | | |  | | | | | | - | | | |  | | | | | | | | | | | | - | | | |  | | | | | | | | | Email: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number of Individual(s) to Occupy Residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Roommate’s Names: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number of Pet(s) to Occupy Residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Type of Pet(s): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Guarantor’s Full Legal Name: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Birth: | | | | | | | |  | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | |  | | | | | | Social Insurance Number: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | - | | | | |  | | | | | | | | | - | | | |  | | | | | |  | | | | | | | | | |
|  | | | | | | | |  | | Month | | | | | | | | | |  | | | | | | | Day | | | | | | | | |  | | | Year | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | |  | | | | | |  | | | | | | | | | |
| Guarantor’s Present Address: | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
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| Cell Phone: | | | | | | | |  | | | | | - | | | |  | | | | | | | | | - | | | | |  | | | | | | | | | | | Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Name | | | | | | | | | | | | | | | | | | |  | | | | | | | Relationship to Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Phone | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 2. |  | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | - | | | |  | | | | | | - | | | |  | | |  | | | |
|  | Name | | | | | | | | | | | | | | | | | | |  | | | | | | | Relationship to Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Phone | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 3. |  | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | - | | | |  | | | | | | - | | | |  | | |  | | | |
|  | Name | | | | | | | | | | | | | | | | | | |  | | | | | | | Relationship to Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Phone | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| 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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