



Shining Mountains Living Community Services Rental Application

4925 46 Street
Red Deer, Alberta
T4N 1N2

Phone: 403-346-9794
Fax: 403-346-9380
Email: officemanager@gmail.com

Type of Rental: [] 1 bedroom
[] 2 bedroom
[] 3 bedroom

Applicant 1:

Name: _____

Phone: _____ Other: _____

Photo ID type & Number: _____

Email: _____

Date of Birth: _____

Children? (Y/N) Name: _____ Age: ____ DOB: _____

Name: _____ Age: ____ DOB: _____

Applicant 2:

Name: _____

Phone: _____ Other: _____

Photo ID type & Number: _____

Email: _____

Do you or anyone who will be living in the home smoke? (Y/N)

Residential History (Last 3 years)

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Move-In Date: _____ Move-Out Date: _____

Reason for moving: _____

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Rent Amount: _____

Name of Landlord/Agency: _____

Contact number: _____

Previous Address: _____

City: _____ Province: _____ Postal Code: _____

Move-In Date: _____ Move-Out Date: _____

Reason for Moving: _____

Rent amount: _____

Name of Landlord/ Agency: _____

Contact number: _____

Previous Address: _____

City: _____ Province: _____ Postal Code: _____

Move- In Date: _____ Move-Out Date: _____

Reason for moving: _____

Name of Landlord/ Agency: _____

Contact Number: _____

Credit History

Have you ever been evicted from a rental residence? (Y/N)

Have you had two or more late rental payments in the last year: (Y/N)

If yes, why? _____

Have you ever willfully or intentionally refused to pay rent when it became due?

(Y/N) If yes, why? _____

Name of your banking institution: _____

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Employment Information

Employment Status: (Fulltime/ Part-time/ Student/ Other: _____)

Company Name: _____

When did you start working here? _____

Job title: _____

Supervisor name: _____

Contact number: _____

Salary: _____ per month: _____

If you have been employed for less than 12 months, please provide the name and phone number of your previous employer: _____

If you have other sources of income that you would like us to consider, please list income source, and person (banker, employer, etc) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount: _____

Source: _____

Contact name/ number: _____

Would you like to request a Third Party Cheque? (Y/N)

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References

Name: _____

Phone number: _____ Relationship: _____

Name: _____

Phone number: _____ Relationship: _____

Name: _____

Phone number: _____ Relationship: _____

Vehicle Information

Driver License #: _____ Province of License: _____

Vehicle make: _____ Model: _____ Year: _____

Additional Information

Please give any additional information that might help owner/management evaluate this application, including how many persons will be occupying the residence.

When is the best time to reach you?: _____

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Authorization

I hereby apply to the lease above described premises for the term and upon the set forth and agree that the rental is to be payable the first day of each month in advance. The above information to the best of my knowledge, is true and correct. I authorize an investigation of my tenant history and employment for the purposes of renting a house from this owner.

Print your name

Signature

Date

FOR OFFICE USE ONLY

Deposit of \$: _____ received by: _____

Date: _____ Anticipated move-in date: _____

Monthly rent: _____ Damage deposit: _____

Office

Notes: _____

