

Address Applied for:	
Date possession is requested:	
Length of Lease:	
Pets? Yes IF YES ,	STATE WHAT KIND AND HOW MANY NO
•	SCLOSE PAGE OF THIS APPLICATION FORM MUST BE SIGNED OR WE ION. Failure to fill this form out correctly and completely may result
in your application being denied	
Applicants full legal name	
Date of birth	
Social Insurance number	
Home phone number	
Work phone number	
Cell phone number	
Email Address	
Current Address	
City and Province	
Postal Code	
Do you rent or own current residence	
If renting, current landlord's name	
Landlord's phone number	
Current rent or mortgage	
Date you moved to your current residence	
Date your current lease expires	
Reason for moving	
Have you given 30 days notice	

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Previous address	
City and province	
Postal Code	
Did you rent or own this	
property	
If rented, Landlord's name	
Landlord's phone number	
Length of stay	
Reason for moving	
Name of your current employer	
Your Job title	
Address of Employer	
Name of Human Resources Rep	
Supervisor's phone number	
Employment start date	
Monthly gross income	
Name of your prior employer	
Your Job title	
Address of Employer	
Name of Human Resources Rep	
Supervisor's phone number	
Employment start date	
Employment end date	
Monthly gross income	
Other regular sources of income	
(such as child support, family	
allowance, or other income)	
Amount per month	

Name, Age and Relationship of all intended occupants; Picture ID is required for all applicants over the
age of 18.
Name
Age
Relationship
Name
Age
Relationship
Name
Age
Relationship
Name of Reference
Reference's occupation
Reference's phone number
How do you know this person
How long have you know this
person
Name of Reference
Reference's occupation
Reference's phone number
How do you know this person
How long have you know this
person
Relatives or friends who can be contacted in case of emergency
Name
Phone Number
Relationship to you

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I hereby apply for the rental premises as indicated on page one of this application form. I understand that by signing this application, a binding offer to rent or lease said premises is created and in the event that the Landlord accepts my application and I withdraw or cancel, I understand my deposit will be forfeited and I will be bound to the terms of this application making me liable for any loss of income incurred by the Landlord as a result of my cancellation. If accepted, I agree to sign a lease and/or written tenancy agreement. I understand that a credit, reference and other relevant investigation will be undertaken to determine my rental, court, tribunals, employers, and personal references to disclose any pertinent information about me.

In the event that the landlord does not accept this application, reasons for refusal shall not be divulged, but my deposit will be refunded in full.

This	application is	governed by	the local	l laws and	Province in	Canada as	the la	aw red	uires.
	application	Borcilica by	tile loca	i iavvo aiia	1 10 111100 111	Carraga as		4 * * • • • •	an cs.

Date:	Applicant's Signature:	
Date:	Applicant's signature:	

INFORMED ADDITIONAL SEARCH CONSENT FORM

Personal Information Please Print (Applicant to Complete)				
Sumane	First Name Middle (Second) Name			
Maiden Name or Other Sumames Used (Fapplicable):	Place of Birth (Nother than Canada, please also note date entry)			
Date of Birth (YYYY-MM-DD or 2011-Jun-01) Sex M/F Phone Number	Driver's Licence # Ylaquind for Driver's Abstract SIN # Ylaquind for Credit Paper			
# Number Street Name Apt / Unit # City / Province / Cor	ountry Postal Code			
Previous Address(es) Provide if you did not reside at above address for more than the [5] y # Number Street Name Apt / Unit # City / Province / Co	**			
**Number Seed Name	unity Pusal Code			
#Number Street Name Apt / Unit # City / Province / Cox	ountry Postal Code			
RELEASE AUTHORIZATION AND WAIVER	I HEREBY CONSENT TO THE SEARCH AND RELEASE OF:			
By signing this form, I certify that the information set out by me in this application correct to the best of my ability. I am aware and give consent to the release of	tion is true and			
Xpera HRservices and its partner to disseminate and transmit the results elec-	ctronically or in Bankmarky Employment Verification			
hard copy to a location into outside of Canada. The information is collected according to the Federal Privacy Act, MFIPPA, PIPA, PIPEDA and Quebec Pr	and disclosed Chief D Verification			
may also be subjected to applicable International privacy legislation ie. U.S. Patrix	not Act. Credit Report Reference Check			
I hereby release and forever discharge all members and employees of Xpera HF any and all actions, claims and demands for damages, loss or injury which ma	ay hereafter be Education Verification			
sustained by myself, as a result of the disclosure of information to Xpera HRse partners named below.	services and its Signed this day of 20			
NO DIGITAL SIG	SNATURESSIGNATURE OF APPLICANT			
Additional Information				
Authorization for Remuested Searchles (Employer / Comp	nany Representative to Cinn)			
Authorization for Requested Search/es (Employer / Company Representative to Sign)				
Employer / Company Name				
Company Representative Name	Company Representative Signature			
Email Address Phone Number				
Service report 1999	T TOWN OF STATE OF			

Form Version - September 2017 HR8101 - HRservices Informed Consent Form

REQUIREMENTS PRIOR TO LEASING

- Tenant's insurance-\$1,000,000 liability

 *Contact Sharp Insurance and quote Alberta Property

 Management for preferred group policy pricing. Visit:

 www.sharpinsurance.ca/programs.php or call: 1-844-438-4768.
- Photo ID
- Security Deposit (bank draft, money order) or e-transfer accounting@apmsi.ca
- First month rent must be made by bank draft, money order or e-transfer to accounting@apmsi.ca and please use the password "security".
- Pet fee of \$500 per pet and picture of pet.
- Alberta Property Management requires the following account numbers when tenants are responsible for utilities:
 - a. **Electricity:** Direct Energy 1-888-420-3181 Enmax: 1-877-571-7111
 - b. **Natural Gas**: Direct Energy 1-866-420-3174 Enmax: 1-877-571-7111
 - c. **Municipal water and sewer** RMWB 780-743-7965

Please note: Possession of keys and move in inspection is performed on the day of tenancy. If you wish to move in early, you will be charged for the days prior to tenancy.