ALBERTA PROPERTY MANAGEMENT
SOLUTIONS INC.

Address Applied for: _____

How did you hear about us? ☐ Social media ☐ Current Tenant ☐ Kijiji ☐ Word of Mouth ☐ Our website

Date possession requested: _____

Length of Lease: _____

Pets? No ____ YES _____ If yes, what kind and how many? _____

Important: THE CONSENT TO DISCLOSE PAGE OF THIS APPLICATION FORM MUST BE SIGNED OR WE CAN'T PROCESS YOUR APPLICATION. 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	

WWW.ALBERTAMANAGEMENT.COM
Phone: 780-715-7270
E-Mail: admin@apmsi.ca
262 Gregoire Drive, Fort McMurray, AB T9H 4K6

Reason for moving	
Have you given 30 days notice	
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	

Other regular sources of income (such as child support, family allowance, or other income)	
Amount per month $	

CO APPLICANTS FULL LEGAL NAME	
Date of birth	
Social Insurance number	
Home phone number	
Work phone number	
Cell phone number	

Email Address	
Co Applicants current employer	
Your Job title	
Address of Employer	
Name of Human Resources Rep	
Supervisor's phone number	
Employment start date	
Monthly gross income	

Co Applicants Current Address *** IF DIFFERENT FROM APPLICANTS***	
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	

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	
References phone number	
How long have you known this person	
How do you know this person	

Relatives or friends who can be contacted in case of emergency

Name	
Phone Number	
Relationship to you	

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 if 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 because 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.

If 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 laws and Province in Canada as the law requires.

Date: _____ Applicant's Signature: _____

Date: _____ Co - Applicant's Signature: _____

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INFORMED ADDITIONAL SEARCH CONSENT FORM

Personal Information Please Print (Applicant to Complete)

Surname	First Name	Middle *(Second)* Name

Maiden Name or Other Surnames Used *(If applicable)*:	Place of Birth *(If other than Canada, please also note date entry)*

Date of Birth *(YYYY-MM-DD or 2011-Jan-01)*	Sex *M/F*	Phone Number	Driver's Licence # **Required for Driver's Abstract*	SIN # *(optional)*

# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

Previous Address(es) *Provide if you did not reside at above address for more than five [5] years)*

# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

By signing this form, you certify that your personal information set out in this application is true and correct. Xpera HR Services Inc. ("**Xpera**") collects your personal information for the purpose of conducting, on behalf of its client,__Alberta Property Management__, (the "**Client**"), background checks and verifications on you required in the course of a pre-employment process or a tenancy application. To conduct these verifications, Xpera will disclose your personal information, including copies of this application, to the sources you consented to in the list. Xpera will share the results of these verifications with its Client.

The collection, use, or disclosure of your personal information will be in accordance with Xpera's Privacy Policy available at https://xpera.ca/privacy-policy The Policy also mentions how Xpera stores personal information, what are your options and rights and how to manage your consent.

You hereby consent that Xpera conduct the following verifications and disclose your personal information to the following sources: ***digital signatures not accepted***

Verifications	Source(s)	Consent
Bankruptcy history	Public bankruptcy and insolvency records	☐
Civil judicial records	Court records	☐
Federal Court of Canada	Court Records	☐
Tax Court of Canada	Court Records	☐
Credit history	Credit reporting agencies	■
Driver's record or abstract	Applicable provincial administrative bodies	☐
ID verification	Credit reporting agencies	☐
Media search	Media databases	☐
SIN validation	SIN sequence validation	☐

Signed this _____ **day of** _____, 20____

_____

SIGNATURE OF APPLICANT

WAIVER

I hereby release and forever discharge all members and employees of Xpera from any and all actions, claims and demands for damages, loss or injury which may hereafter be sustained by myself, as a result of the services performed by Xpera.

Additional Information

_____

_____

Authorization for Requested Search/es (Employer/Company Representative to Sign)

Employer / Company Name

_____

Company Representative Name

_____

Company Representative Signature

_____

Email Address

_____

Phone Number

_____

ALBERTA PROPERTY MANAGEMENT SOLUTIONS INC. PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. **PAYOR INFORMATION**

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ email: _____

2. **BANK ACCOUNT INFORMATION**

Account Number _____ Branch Transit Number _____

Financial Institution Number _____ Chequing _____ Savings _____

Financial Institute Name _____

Branch Address _____

3. **PRE-AUTHORIZED DEBIT (PAD) DETAILS**

I/We authorize Alberta Property Management Solutions Inc. to withdraw the monthly rent fees authorized by Payor in the amount of: _____

I/We may revoke authorization at any time, subject to providing notice of not less than two weeks. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution.

_____	_____
Signature of Account Holder	Signature of Joint Account Holder
_____	_____
Name (Please Print)	Name (Please Print)
_____	_____
Date	Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

YOUR RENT WILL AUTOMATICALLY BE WITHDRAWN FROM YOUR BANK ACCOUNT FOR THE DURATION OF YOUT LEASE.

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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: 1-877-218-2008.*
- Photo ID for all occupants 18 and over.
- Security Deposit paid IN FULL by money order or e-transfer to accounting@apmsi.ca and please use the password "security".
- Non-Refundable Pet Fee of $500.00 for the first pet and $250.00 for each additional pet. Picture(s) of pets to be sent to office.
- Alberta Property Management requires the following account #'s 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 & sewer – RMWB – This bill is to stay in the owner's name.**
- The below PAD Agreement filled out and returned for your rent to automatically be withdrawn from your account.

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.

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