Room Rental Application

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| Applicant Information |
| Name: Email: |
| Date of birth: | SIN: | Phone: |
| Current address: |
| City: | Province: | Postal Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: |
| City: | State: | Postal Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |
| Employment / Income Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | Province: | Postal Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| References |
| Name:  | Address: | Phone: |
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| **I authorize the verification of the information provided on this form as to my credit and employment.**  |
| Signature of applicant: | Date: |
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| **Notes from applicant (if you are a student, please describe the length and content of your area of study, Also note any other sources of income.)** |  |
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| **Email to: fortnovagroup@gmail.com** |  |