

Application to Lease Form

Atlas Properties

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TODAYS DATE _____ DATE ACCOMODATION REQUIRED _____

TYPE OF SUITE APPLIED FOR _____ ABLE TO PAY FIRST AND LAST MONTHS RENT YES ____ NO ____

APPLICANTS 1) NAME _____ NAME _____
ADDRESS _____ ADDRESS _____
CITY _____ CITY _____
TELEPHONE (H) _____ TELEPHONE (H) _____
(W) _____ (W) _____

APPLICANT'S PARTICULARS	APPLICANT 1	APPLICANT 2
ARE YOU OVER 18 YRS OF AGE?		
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?		
LANDLORD'S NAME AND ADDRESS		
LANDLORD'S PHONE NUMBER		
WHAT IS YOUR PREVIOUS ADDRESS		
HOW LONG AT YOUR PREVIOUS ADDRESS		
OCCUPATION		
EMPLOYER'S NAME		
LENGHT OF EMPLOYMENT		
ANNUAL (MONTHLY) INCOME		
YEAR AND MAKE OF VECHICLE		
LICENSE NUMBER OF VECHICLE		
SOCIAL INSURANCE NUMBER AND DATE OF BIRTH (FOR CREDIT REPORTING PURPOSE)		

CHILDREN: IF SHARING OCCUPANCY 1) _____
2) _____

PETS NO _____ IF NO THEN MUST INITIAL _____ YES _____ IF YES WHAT KIND _____

HAVE YOU EVER BEEN EVICTED YES _____ NO _____

SMOKER YES _____ NO _____

PHOTO ID TYPE AND NUMBER _____

DO YOU PRESENTLY CARRY TENANTS INSURANCE YES ____ NO ____ ** LIABILITY INSURANCE IS MANDATORY**

HOW LONG DO YOU INTEND TO RESIDE IN THE SUBJECT PROPERTY 1 YEAR ____ 2YEARS ____

REFERENCES: PLEASE PROVIDE A PERSONAL REFERENCE, OTHER THAN A RELATIVE AND TWO CREDIT REFERENCES BELOW.
NAME ADDRESS PHONE NUMBER OCCUPATION

A) _____

B) _____

C) _____

I, WE CERTIFY THE ABOVE INFORMATION IS COMPLETE AND ACCURATE, AND I/WE AGREE AND CONSENT THAT CREDIT INQUIRES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE RENTAL ACCOMODATION HEREBY APPLIED FOR.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

Please save completed form and email to anita@atlaspropertyestbay.com.