

Phone: 705-742-3701
Fax: 705-742-9276



205 Charlotte Street
Peterborough, Ontario
K9J 2T7
www.aoninc.com
Email: info@aoninc.com

APPLICATION FORM

Suite: _____ Date of Occupancy: _____

Please complete in full and print clearly.

All information given is kept strictly confidential.

TELL US ABOUT YOURSELF:

Last Name: _____ First Name: _____ Middle: _____

S.I.N. #: _____ Date of Birth: _____ Monthly Income: _____

E-mail address: _____

Home Phone: _____ Business Phone: _____

Bank Name: _____ Branch #: _____

Account #: _____ Credit Card #: _____

Expiry Date: _____ Visa _____ Mastercard _____ American Express _____ Other _____

Driver's License Number: _____ Expiry Date: _____

License Plate Number: _____ Make of Auto: _____ Year: _____

MARITAL STATUS:

Single: Married: Common-Law: Divorced: Widowed: Separated:

GENERAL:

Do you smoke? Yes: No:

Do you have a pet? Yes: No:

Why are you leaving your present residence? _____

Have you or any proposed occupant ever been evicted? Yes: No:

Have you or any proposed occupant ever broken a rental agreement or lease contract? Yes: No:

Have you or any proposed occupant ever been sued for non-payment of rent or damages to a rental property? Yes: No:

THIS IS A SMOKE FREE AND PET FREE BUILDING.



Mailing Address:
P.O. Box 296
Peterborough, Ontario
K9J 6Y8

Delivery Address:
307 Aylmer Street North
Peterborough, Ontario
K9J 7M4

RENTAL HISTORY:

Present Address: _____

City/Province: _____ Postal Code: _____

Move-In Date: _____ Move-Out Date: _____ Amount of Rent Paid: _____

Present Landlord's Name: _____

Landlord's Phone Number: _____

Prior Address: _____

City/Province: _____ Postal Code: _____

Move-In Date: _____ Move-Out Date: _____ Amount of Rent Paid: _____

Prior Landlord's Name: _____

Landlord's Phone Number: _____

EMPLOYMENT HISTORY:

Are you a student? Yes: _____ No: _____ Do you work: Full Time: _____ Part Time: _____

Present Employer: _____ Bus. Phone #: _____

Length of Employment: _____ Occupation: _____

Previous Employer: _____ Bus. Phone #: _____

Length of Employment: _____ Occupation: _____

Income Sources if not employed: 1) _____ 2) _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

Address: _____ City/Province: _____

Relationship: _____

In the event of serious illness or death of resident, the above person is () or is not () authorized to enter the apartment and remove all contents.

HOW DID YOU HEAR ABOUT THIS UNIT? Newspaper: _____ Internet: _____ Sign: _____

Other: _____ Referral: _____ Name & Apt. # of Referral: _____

ALL UNITS RENTED AS VIEWED: If there are any specific repairs or maintenance work you would like, please indicate in the space provided below. We reserve the right to repair ONLY those items WE determine necessary and have up to 30 business days from the date of move-in to complete said repairs.

OTHER OCCUPANTS: Names of all persons under age 18 who will occupy the unit without signing the lease.

Name: _____ Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____ Date of Birth: _____

Relationship: _____ Relationship: _____ Relationship: _____

I understand and agree to 205 Charlotte Street being a **SMOKE FREE** and **PET FREE** building.

First and last month's rent must be paid by **CASH, CERTIFIED CHEQUE** or **MONEY ORDER**. I understand that the submission of this completed application and the applicable deposit constitutes a commitment to rent the said unit. I understand that if I cancel the application after approval, my deposit will be non-refundable. AON Inc. will apply said deposit to re-advertisement costs to find a new tenant, administration costs to process a new tenant's application, and any loss of income as a result of such cancellation and all other expenses incurred. I further understand that the lease must be signed within 10 days after the date of approval. If the lease is not signed within 10 days, the unit will be re-rented to another party.

In the event that AON Inc. does not accept this application, I understand that reasons for refusal may not be divulged, but my deposit will be refunded in full.

I acknowledge and agree that in the event that this application is accepted and in the event that the existing occupant of the said unit fails to vacate prior to my commencement of occupancy, I shall only be entitled to the return of any monies paid with this application, without interest or deduction, and without any entitlement to occupy the said unit. The intent being that neither the Landlord nor its Agent will be liable or responsible to me for any loss, damages or costs incurred by myself resulting from the existing occupants failure to vacate the premises and the inability of the Landlord to deliver possession of same to myself.

I certify that the information given is complete and correct and I understand that this application will be revoked if any information is incorrect or incomplete. I authorize verification of this application, references, and credit record, as the Landlord may deem necessary at any time before, during or after tenancy.

I authorize AON Inc. and its agents to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me. This is to ensure the completeness of the information and maintain the integrity of the credit granting system. I authorize AON Inc. to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect AON Inc. and myself from fraudulent transactions. I also authorize AON Inc. to obtain a personal credit report related to this application and to verify directly the information I have supplied above.

The undersigned hereby consents to the collection and use of personal information about me in accordance with The Personal Information Protection and Electronic Documents Act.

➔ **Applicant's Signature:** _____ **Date:** _____

SUPERINTENDENT AND OFFICE USE ONLY

Apartment: _____ Date of Occupancy: _____

Rental Amount: _____ Amount of Deposit Pd: _____

Cash: _____ Bank Draft/MO: _____ Debit: _____ Personal Cheque: _____ VISA/MC: _____

Comments/Special Incentives Offered: _____

Name of referral: _____

Set up in REMS? _____ Parking Spaces: _____ Charge: _____

Term of Lease: _____ To Commence: _____ To End: _____

Approved By: _____ Date: _____

Comments: _____



Mission & Values

AON builds communities. We develop and manage innovative properties for residential and senior living, business, and leisure. We are a family of employees who excel in the delivery of quality service and care through dynamic options for living well.

Quality

We set high quality standards in the construction of new properties. We achieve superior levels of service and personal care in the communities we manage.

Connections

We value connections with people, links that ensure we develop communities that reflect market trends and serve personal needs. We believe that excellence in communications supports a positive workplace and enhances our potential. We are respectful of others: our customers, our employees, and our business partners.

Future Focus

We value our heritage as a family business that has progressed to become a vigorous international Company. We believe in the continued growth and development of the organization, led by our employees. Their commitment and expertise improves our organization and positions us for success.

Rivulet Courtyard

At AON, we are dedicated to a mission – to deliver homes of distinction – marked by comfortable elegance, tasteful design, and superior construction – in a manner supportive of strong neighbourhoods, period architecture, and environmental sensibility. Rivulet will be a true reflection of this mission, composed of equal parts luxury and sensibility. Welcome to the smoke free and pet free community that you will be proud to call home.

Welcome to Rivulet Courtyard Apartments.

Phone: 705-742-3701
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205 Charlotte Street
Peterborough, Ontario
K9J 2T7
www.aoninc.com
Email: info@eoninc.com

CO-SIGNOR APPLICATION AND AGREEMENT FORM

Resident(s): _____

Suite: _____

Please complete in full and print clearly.

All information given is kept strictly confidential.

TELL US ABOUT YOURSELF:

What relationship are you to the resident(s)? Parent Brother or Sister Employer

Other (Please explain) _____

Last Name: _____ First Name: _____ Middle: _____

S.I.N. #: _____ Date of Birth: _____ Monthly Income: _____

Home Phone: _____ Business Phone: _____

E-mail address: _____

Bank Name: _____ Branch #: _____

Account #: _____ Credit Card #: _____

Expiry Date: _____ Visa _____ Mastercard _____ American Express _____ Other _____

Driver's License Number: _____ Expiry Date: _____

License Plate Number: _____ Make of Auto: _____ Year: _____

Present Address: _____

City/Province: _____ Postal Code: _____

Move-In Date: _____ Amount of Rent Paid: _____ Amount of Mortgage Paid: _____

Present Landlord's Name: _____ Landlord's Phone Number: _____

Prior Address: _____

City/Province: _____ Postal Code: _____

Move-In Date: _____ Move-Out Date: _____ Amount of Rent Paid: _____

Amount of Mtge Paid: _____

Prior Landlord's Name: _____ Landlord's Phone Number: _____

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EMPLOYMENT HISTORY:

Present Employer: _____ Bus. Phone #: _____

Length of Employment: _____ Occupation: _____

Previous Employer: _____ Bus. Phone #: _____

Length of Employment: _____ Occupation: _____

Income Sources if not employed: 1) _____ 2) _____

I certify that the above information is complete and correct and I understand that this application may be revoked if any information furnished upon this application is found to be incorrect or deemed to be incomplete.

I authorize AON Inc. and its agents to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me. This is to ensure the completeness of the information and maintain the integrity of the credit granting system. I authorize AON Inc. to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect AON Inc. and myself from fraudulent transactions. I also authorize AON Inc. to obtain a personal credit report related to this application and to verify directly the information I have supplied above.

I authorize verification of the above information, references, and credit record. The undersigned hereby consents to the collection and use of personal information about me in accordance with The Personal Information Protection and Electronic Documents Act.

→ Co-Signor's Signature: _____ Date: _____

AGREEMENT FORM

Resident(s): _____ Suite: _____

In consideration of AON Inc.® agreeing to rent the above noted apartment to the above resident(s), the undersigned hereby covenants and agrees, as if a primary debtor and not a mere guarantor, that the undersigned will make all rent payments and other obligations required to be made by the above named resident(s). Further, AON Inc.® shall not be required to exhaust remedies against the said resident before making a demand on the undersigned. **THIS AGREEMENT IS FOR THE ENTIRE LENGTH OF THE TENANCY AND OBLIGATION PERIOD OF THE TENANCY.**

Dated at _____ this _____ day of _____ 200_____.

→ _____
Witness Signature

→ _____
Co-Signor's Signature