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BOARDER APPLICATION FORM

Apartment:	From (date):
	To:
Please complete in full and print clearly	All information given is kept strictly confidential.
TELL US ABOUT YOURSELF:	
Last Name: First	t Name: Middle:
S.I.N. #: Dat	e of Birth: Monthly Income:
Home Phone:	Business Phone:
License Plate Number:	Make of Auto: Year:
MARITAL STATUS: Single: Married: Common-I	.aw: Divorced: Widowed: Separated:
PETS:	
Will a pet occupy the unit for the sublet pe	eriod? Yes: No:
If yes, Kind: W	eight: Breed: Age:
If no, do plan to have a pet? Yes:	No:
GENERAL:	- ว
Do you smoke? Yes: No:	e?
Have you or any proposed occupant ever	peen evicted? Yes: No:
Trave you or any proposed occupant ever	occii evictedi: Tes No
EMERGENCY CONTACT:	
Name:	Phone Number:
	City/Province:
In the event of serious illness or death authorized to enter the apartment and	of resident, the above person is () or is not () remove your contents.

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 we	ork 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)
Income Sources if not employed: 1)	
I certify that the information given is complete and correct and I unders information is incorrect or incomplete. I authorize verification of this a Landlord may deem necessary at any time before, during or after tenance I authorize AON Inc. and its agents to exchange my personal information permit such organizations to verify my personal information in order to of the information and maintain the integrity of the credit granting systellocal, provincial and national authorities in the investigation of unlawfur Inc. and myself from fraudulent transactions. I also authorize AON Inc. this application and to verify directly the information I have supplied at The undersigned hereby consents to the collection and use of personal Personal Information Protection and Electronic Documents Act.	stand that this application will be revoked if any pplication, references, and credit record, as the cy. Ion on an ongoing basis with credit bureaus and protect me. This is to ensure the completeness em. I authorize AON Inc. to co-operate with I or improper activities in order to protect AON c. to obtain a personal credit report related to pove.
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