



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

307 Aylmer Street North  
Peterborough, Ontario  
K9J 7M4  
[www.aoninc.com](http://www.aoninc.com)  
email: [info@aoninc.com](mailto:info@aoninc.com)

### SUBLET 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 Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
S.I.N. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ Make of Auto: \_\_\_\_\_ Year: \_\_\_\_\_

#### MARITAL STATUS:

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

#### PETS:

Will a pet occupy the unit for the sublet period? Yes:  No:   
If yes, Kind: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
If no, do plan to have a pet? Yes:  No:

#### GENERAL:

Why are you leaving your present residence? \_\_\_\_\_  
Do you smoke? Yes:  No:   
Have you or any proposed occupant ever been evicted? Yes:  No:

#### 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 your contents.

**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) \_\_\_\_\_

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.

Subtenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Does Co-signor approve of sublet: \_\_\_\_\_ Proof attached: \_\_\_\_\_

Office approval: \_\_\_\_\_