



Where *community* develops.

Phone: 705-742-3701

Fax: 705-742-9276

# APPLICATION TO TRANSFER

307 Aylmer Street North  
Peterborough, Ontario  
K9J 7M4

[www.aoninc.com](http://www.aoninc.com)

Email: [info@eoninc.com](mailto:info@eoninc.com)

Transfer From Apt: \_\_\_\_\_

Transfer To Apt: \_\_\_\_\_

## RESIDENT'S NOTICE OF INTENT TO MOVE OUT

Resident name(s): \_\_\_\_\_  
\_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

I AM GIVING YOU NOTICE THAT I AM TERMINATING MY TENANCY. THE LAST DAY OF MY TENANCY WILL BE \_\_\_\_\_

(day/month/year)

I WILL MOVE OUT OF THE RENTAL UNIT ON OR BEFORE THIS DATE.

Are you with our Pre-Authorized Payment Plan Program? Yes  No

**1. SHOWING THE UNIT.**

An AON Representative may enter the rental unit without written notice to show the unit to prospective residents between the hours of 8:00 am and 8:00 pm.

**2. KEYS.**

All keys must be returned at the time of vacating the premises. Failure to do so will result in locksmith charges.

**3. CLEANING.**

The resident must thoroughly clean the rental unit, ie., Floors, appliances, bathroom, etc. Failure to do so will result in cleaning charges.

**4. VACATING TIME.**

Vacancy to be complete by 2 PM on the final day of tenancy being the 30<sup>th</sup> or 31<sup>st</sup> day of the month or in the case of February, the 28<sup>th</sup> or 29<sup>th</sup> day, unless otherwise agreed to between the Landlord and the Resident.

**5. REMOVAL OF POSSESSIONS/GARBAGE.**

The resident must move out the rental unit and remove all personal possessions and garbage on or before the date specified in this notice. If the resident moves out according to this notice but does not remove all their possessions and garbage, the resident will have given up all rights to these possessions and the landlord will be allowed to dispose of them. The resident will be charged for any items left behind.

**6. RENT PAYMENTS.**

The resident is responsible for all rental payments up to and including the end of their obligation period.

**7. DAMAGES.**

The resident will be responsible to pay for any damages done to the rental unit.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_(year).

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Resident

**APPLICATION FORM**

Apartment: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

**Please complete in full and print clearly.**

**All information given is kept strictly confidential.**

**APPLICANT 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MARITAL STATUS:**

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

**PETS:**

Do you or other occupants have a pet? Yes:  No:

If yes, kind: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

If no, do plan to have a pet? Yes:  No:

**GENERAL:**

Do you smoke? Yes:  No:  Do you own an air conditioner? Yes:  No:

Do you plan to purchase an air conditioner? Yes:  No:

There is a \$50 fee per month for having an air conditioner in June, July, August and September \_\_\_\_\_  
Initial Here

**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.**

**APPLICATION FORM**

Apartment: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

**Please complete in full and print clearly.**

**All information given is kept strictly confidential.**

**APPLICANT 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MARITAL STATUS:**

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

**PETS:**

Do you or other occupants have a pet? Yes:  No:

If yes, kind: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

If no, do plan to have a pet? Yes:  No:

**GENERAL:**

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Length of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income Sources if not employed: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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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.**

**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/We 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/We understand that reasons for refusal may not be divulged. I/We further understand that approval of this application is contingent on the completion of a satisfactory pre-outgoing inspection of my current apartment. \_\_\_\_\_ Initial Here

I/We also understand that I/We shall be liable for any out of pocket expenses relating to administrative fees, credit checks and time spent on the file, in the amount of \$250.00, for any approved application to transfer. \_\_\_\_\_ Initial Here

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

I/We 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/We 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/We also authorize AON Inc. to obtain a personal credit report related to this application and to verify directly the information I/We 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: \_\_\_\_\_

→Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERINTENDENT AND OFFICE USE ONLY**

**Has Pre-Outgoing Inspection**

Rent Amount: \_\_\_\_\_ Air Conditioner Fee: \_\_\_\_\_ **Been Completed?** \_\_\_\_\_

Comments/Special Incentives Offered: \_\_\_\_\_

Parking Spaces: \_\_\_\_\_ Charge: \_\_\_\_\_

Term of Lease: \_\_\_\_\_ To Commence: \_\_\_\_\_ To End: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



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## Co-Signor's Consent to Transfer

Resident(s): \_\_\_\_\_

Co-Signor's Name (please print): \_\_\_\_\_

By signing this agreement, I consent to the transfer of my co-signor obligations from apartment  
\_\_\_\_\_ to \_\_\_\_\_ effective  
\_\_\_\_\_.

**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.**

To the best of my knowledge, there has been no change to my personal information provided in my original application, unless indicated in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

→ \_\_\_\_\_

Witness Signature

→ \_\_\_\_\_

Co-Signor's Signature