

ALTON MANAGEMENT SERVICES INC.

OFFER TO LEASE Please complete and fax to (780) 401-3476

I/We, _____, hereby apply to lease the property located at _____
Name(s) of Applicant(s) Property Address

for \$ _____, from the first day of _____, 200__ to the last day of _____, 200__
Monthly Rental Amount Date of beginning of tenancy Date of end of tenancy

APPLICANT #1 (All fields must be completed in full, **including** your signature at the bottom of this page.)

Full Name: _____ Birthday: _____ SIN: _____
YYYY/MM/DD

Driver's Licence # _____ Province of Driver's License: _____

Present Address: _____ How Long: _____
ADDRESS CITY POSTAL CODE

Present Landlord: _____ Phone: _____

Previous Address: _____ How Long: _____
ADDRESS CITY POSTAL CODE

Previous Landlord: _____ Phone: _____

Occupation: _____ Employer: _____ Income: _____ How Long: _____

Employer Address: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Valid Email Address: _____

APPLICANT #2 (All fields must be completed in full, **including** your signature at the bottom of this page.)

Full Name: _____ Birthday: _____ SIN: _____
YYYY/MM/DD

Driver's Licence # _____ Province of Driver's License: _____

Present Address: _____ How Long: _____
ADDRESS CITY POSTAL CODE

Present Landlord: _____ Phone: _____

Previous Address: _____ How Long: _____
ADDRESS CITY POSTAL CODE

Previous Landlord: _____ Phone: _____

Occupation: _____ Employer: _____ Income: _____ How Long: _____

Employer Address: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Valid Email Address: _____

Other Occupants: _____ Relationship: _____

_____ Relationship: _____

I/We hereby certify that all statements made in this application are true and I/we hereby authorize Alton Management Services Inc. to conduct a personal investigation/credit check and to contact any person identified in this rental application. The failure to obtain an accurate and satisfactory credit report may, in the sole discretion of Alton Management Services Inc., adversely affect your application. I understand and acknowledge that if the application information provided is incorrect, Alton Management Services Inc. may at its option elect to terminate my tenancy agreement upon thirty days written notice.

I/We hereby acknowledge that there are no pets allowed on these premises without written authorization from Alton Management Services Inc.

In order for Alton Management Services Inc. to comply with federal and/or provincial privacy legislation, I/we understand that all personal information collected from me/us may be collected, used and disclosed by Alton Management Services Inc. for the purpose of my/our application assessment, for the purpose of debt collection, to uphold and maintain the rules and regulations of the property, to evaluate my/our tenancy, to comply with applicable law and in the ordinary course of Alton Management Services Inc.'s business, including, but not limited to, any refinancing or potential sale of the property.

Dated this _____ day of _____, 200__

Applicant #1 Signature: _____ Phone Number: _____

Applicant #2 Signature: _____ Phone Number: _____