



RENTAL APPLICATION AND OFFER TO LEASE

DATE: _____, 20 _____

TO: **CHARAH.CA INC** (Landlord)
P.O. Box 45021, RPO Bridlewood, Kanata, Ontario K2M 2Y1

1. RENTAL PREMISES APPLIED FOR:

Suite No. _____ Address _____, Ottawa

Term to commence _____, 20 _____ Term to end _____, 20 _____

Date accommodation available _____, 20 _____ Parking: Nil ____ Outside ____

2. PROPOSED OCCUPANT(S):

| NAMES (full legal name) | Date of Birth (YYYY/MM/DD) |
|--------------------------------|-----------------------------------|
| | |
| | |
| | |

3.(i) RENTAL INFORMATION

Monthly Rental \$ _____
 Parking \$ _____
 Appliances \$ _____
 Locker \$ _____
 Other _____ \$ _____
TOTAL MONTHLY RENTAL \$ _____

The applicants agree to pay for the following Services and facilities applicable to the Rented Premises:

Electricity
 Water
 Heat
 Other _____

3. (ii) SUMMARY OF MONIES TO BE PAID

Total Monthly Rental for first month's rent \$ _____
 Pro-Rated Rent \$ _____
 Deposit towards last month's rent \$ _____
TOTAL \$ _____

3.(iii) DEPOSIT RECEIVED WITH THIS RENTAL APPLICATION \$ _____

4. INSURANCE:

The applicant acknowledges that the Tenancy Agreement requires the Applicant to maintain fire, property damage, and public liability insurance (a standard Tenant's insurance policy package) and that the Landlord will require satisfactory evidence prior to providing the Applicant with possession of the Rented Premises.

Applicant #1 Initials

Applicant #2 Initials

Applicant #3 Initials



I hereby certify, this _____ day of _____, 20____, the information provided herein and on Schedule “A” attached hereto (Applicant’s Particulars) to be true. I agree that upon acceptance of this Rental Application by the Landlord, I shall forthwith enter into a Tenancy Agreement incorporating the terms herein into the Landlord’s usual form which I have been given an opportunity to review, in which event the deposit shall be applied towards the rent of the last month’s occupancy. **IF I SHOULD FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I AGREE AND ACKNOWLEDGE THAT THE DEPOSIT SHALL BE FORFEITED. IF THE DEPOSIT IS NOT NEGOTIABLE THEN AT THE LANDLORD’S OPTION THIS AGREEMENT SHALL BE NULL AND VOID.** If the Landlord is unable to give possession of the Rented Premises on the date of commencement of the term for any reason, the Landlord shall not be subject to any liability to the Applicants and shall give possession as soon as the Landlord is able to do so. The Rent shall abate until the Landlord offers possession of the Rented Premises to Tenants. Failure to give possession on the date of commencement shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenants or in any way be construed to extend the term of this Tenancy Agreement. In the event that a Tenancy Agreement is entered into, this Rental Application by the terms of clause 26 of the Tenancy Agreement will be deemed to form part of the Tenancy Agreement. Any omission or misstatement by the Applicants in this Rental Application may result in the termination of your tenancy by the Landlord even after occupancy has been taken.

The Applicant hereby gives permission to the Landlord or his Agent to perform credit checks, to contact employers, landlords (current and previous), and references or to take any other reasonable action to assess this Rental Application.

(Witness)

(Applicant #1)

(Witness)

(Applicant #2)

(Witness)

(Applicant #3)



SCHEDULE "A"

APPLICANT'S PARTICULARS

| | | Applicant #1 | Applicant #2 | Applicant #3 |
|------------------|--------------------------------------|--------------|--------------|--------------|
| TOMBSTONE | Full Legal Name | | | |
| | Date of Birth | | | |
| | SIN | | | |
| | Mobile/Home Phone Number | | | |
| | Work Phone Number | | | |
| | Home Email Address | | | |
| | Work Email Address | | | |
| CURRENT ADDRESS | Street | | | |
| | Apartment Number | | | |
| | City | | | |
| | Province | | | |
| | Postal Code | | | |
| | How long have you lived here (years) | | | |
| | Landlord's name | | | |
| | Landlord's Phone Number | | | |
| PREVIOUS ADDRESS | Street | | | |
| | Apartment Number | | | |
| | City | | | |
| | Province | | | |
| | Postal Code | | | |
| | How long have you lived here (years) | | | |
| | Previous Landlord's name | | | |
| | Previous Landlord's Phone Number | | | |



| | | | | |
|-------------------|--|--|--|--|
| CURRENT EMPLOYER | Employer's Name | | | |
| | Address | | | |
| | Length of Employment | | | |
| | Occupation | | | |
| | Annual Income | | | |
| | Contact Name | | | |
| | Contact Telephone number | | | |
| PREVIOUS EMPLOYER | Employer's Name | | | |
| | Address | | | |
| | Length of Employment | | | |
| | Occupation | | | |
| | Annual Income | | | |
| | Contact Name | | | |
| | Contact Telephone number | | | |
| MISCELLANEOUS | Other Income or Assets (Please Specify) | | | |
| | Year, Make and Colour of Vehicle | | | |
| | Vehicle's Licence number | | | |
| | Driver's Licence number | | | |
| | I certify the above information is complete and correct. SIGNATURE | | | |



Consent Form to Disclose Personal Information

Charah.ca Inc. on behalf of the landlord is requesting written authorization by means of this form to disclose your personal information to a third party pursuant to Bill C6, the *Personal Information Privacy Protection & Electronic Documents Act* (PIPEDA). Please note that this consent is valid **until revoked in writing**. **The third party warrants that it will treat the Information in accordance with the PIPEDA and will not use or disclose the Information for any purpose except for those necessary for the Purpose.**

| | Applicant #1 | Applicant #2 | Applicant #3 | |
|--|---|--|--|--|
| I, being the individual to whom the personal information relates, | | | | |
| Full Legal Name | | | | |
| do hereby give permission to an authorized staff person of Charah.ca Inc., agent for the Landlord to disclose my personal information to the third party listed below. | | | | |
| SIGNATURE | | | | |
| DATE | | | | |
| EMPLOYER | Verify employment | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Verify length of employment | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Verify salary | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CURRENT LANDLORD | Verify rental payments were made on time | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | tenant did not receive N4 form for non-payment | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Confirm Landlord did not receive NSF cheque from the tenant | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Verify noise complaints were not made about the tenant | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Verify tenant provided adequate notice to vacate | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |



Please describe the information to be disclosed to the third party by checking the YES. Should you not wish us to disclose the information please check the NO.

Third Party Authorized to Receive the Personal Information:

Charah.ca Inc _____

Name of Person/Company/Organization

P.O. Box 45021 RPO Bridlewood Kanata, Ontario K2M 2Y1

Print address

Telephone Number: (613) 702-1133