



Website: kerberosholdings.com
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Tenant Application for Residential Tenancy - Ontario

Please send the completed form by emailing, scanning or sending a photo of it to: Applications@kerberosholdings.com

PLEASE NOTE: All applicants are to submit an individual application

PROPERTY INFORMATION

Address of Property to Rent: _____ Today's Date: _____

Desired Date of Occupancy: _____

APPLICANT INFORMATION

Full Name: _____ SIN (optional): _____ Date of Birth: _____

Occupation: _____ Phone: _____

Driver's License #: _____

Co-Tenant (if applicable):

Full Name: _____ SIN (optional): _____ Date of Birth: _____

Occupation: _____ Phone: _____

Driver's License #: _____

CURRENT RESIDENCE

Address: _____ City: _____

Length of Time at Current Address: _____ Landlord's Name: _____

Landlord's Phone: _____

Present Rent: \$ _____ Utilities Included: _____

Reason for Moving: _____

PREVIOUS RESIDENCES

Previous Address 1: _____ City: _____

Landlord Name: _____ Landlord Phone: _____

Date From: _____ To: _____

Previous Address 2: _____ City: _____

Landlord Name: _____ Landlord Phone: _____

Date From: _____ To: _____

OTHER OCCUPANTS

List all other individuals who will reside at the property:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

INCOME SOURCES

List all sources of income (e.g. for Employment provide Employer's Name, Phone, Length of Employment and Net Monthly Income, other examples include OAS, CPP, Pension, RRSPs, RRIFs, TFSAs, Annuities, etc., etc.):

Name of Employment Source or Income Source	Supervisor/ Contact Name	Phone	Length of Employment	Net Monthly Amount

PROFESSIONAL REFERENCES (e.g. current or past employer, supervisor or manager, doctor or healthcare professional, financial advisor or accountant, lawyer or paralegal, social worker or case manager, religious leader, teacher/professor, etc.)

Name of Reference	Phone Number	Address	Relationship

PERSONAL REFERENCES (e.g. long-time friend, neighbor - current or past, roommate or housemate, family friend, co-worker, etc.)

Name of Reference	Phone Number	Address	Relationship

FINANCIAL OBLIGATIONS (e.g. please list any ongoing financial obligations, including loan payments, credit cards, court-ordered obligations, or other fixed monthly commitments, etc.)

Payments To	Monthly Amount (\$)

AUTOMOBILES

Make: _____ Model: _____ Year: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Plate #: _____

MISCELLANEOUS

Pet(s): YES _____ NO _____ — If yes, type/weight/quantity: _____

Smoker: YES _____ NO _____ Medical Cannabis: YES _____ NO _____ — If yes, type (e.g. edibles, vape): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____ Address: _____

APPLICANT CONSENT & DECLARATION

The Applicant consents to the collection, use, and disclosure of their personal information by the Landlord and/or agent of the Landlord for the purpose of determining creditworthiness in connection with this rental.

The Applicant represents that all information provided in this application is true and correct. The Applicant is hereby notified that a consumer report containing credit and/or personal information may be obtained and referred to in connection with this rental.

The Applicant authorizes the verification of any information provided in this application and information obtained from personal references.

This application is not a Rental or Lease Agreement. In the event that this application is not accepted, any deposit submitted by the Applicant will be returned.

Date: _____ Signature: _____

Type full name if submitting digitally: _____