

ZERIN PLACE SENIORS APARTMENTS

MAILING ADDRESS
615 Colborne Street
London ON N6B 2V3

APARTMENT LOCATION
303 Commissioners Road West
London ON (519) 472-3862

RENTAL APPLICATION

Application for ___ bedroom apartment for _____ (date needed)
Rent subsidy required? Yes ___ No ___

Applicant 1

Applicant 2

Full Legal Name _____
Present Address _____
Phone _____
Present Landlord's Name _____ Phone _____
How Long at This Address? _____
Previous Address _____
Previous Landlord's Name _____ Phone _____
How Long at Previous Address? _____
Employment Status? _____
Last Employer Name _____
Occupation _____
How Long Employed? _____
How Long Retired? _____
Date of Birth _____
Canadian Citizen ? (status) _____
Social Insurance Number _____
Annual Income (before taxes) _____
Vehicle (year & make & plate#) _____
Driver's Licence # _____
Personal Reference # 1 (unrelated) _____
Phone # of Reference #1 _____
Personal Reference #2 (unrelated) _____
Phone # of Reference #2 _____
Any Special Needs/Accommodations? _____
Wheelchair Accessible Unit Needed? _____
Home Care Support Used? _____
Emergency Contact Name (family) _____
Emergency Contact Phone # _____
Do You Have Any Pets? (specify) _____

I/We certify that the information provided in this application and the Statement of Household Income and Assets is accurate and true. Any misrepresentations may result in early termination of lease. The applicant hereby gives permission to the Landlord or his agent to perform credit checks, to contact landlords, employers and references, and to take any other reasonable steps to determine the suitability of this application. Note: This information is protected under Zerin's privacy policy. Check website at www.zerindevelopment.ca

Dated _____ Applicant Signature(s) _____
Send to mailing address or email to zerin-place-seniors@hotmail.com attn Raisa Romanchik, Manager