

THE INFORMATION YOU PROVIDE RENTAL APPLICATION	E WILL BE KEPT CONFIDEN	TIAL AND WILL	ONLY BE USED FOR YOUR	
Unit Size				
Studio starting at \$165	50	WAIT LIST		
One Bedroom starting at \$230	00			
Two Bedroom starting at \$280	00	WAIT LIST		
Three Bedroom starting at \$330	00	WAIT LIST		
Applicant Information		T		
Name:		Phone:		
Current Address:	T		T	
City:	Province:		Postal Code:	
Own Rent (please check)	Monthly payment or r	ent:	How long?	
Previous Address:				
City	Province:		Postal Code:	
Own Rent (Please check)	Monthly payment or r	ent:	How long?	
Employment Information				
Current employer: Employer address:			How long?	
Phone:	E- mail:		Fax:	
City:	Province:		Postal Code:	
Position:	Hourly Salary	(place sheek)	Gross Annual Income:	
Co-applicant Information	Tiouriy Salary	(please check)	Gross Armaar meetic.	
Name:			Phone:	
Current Address:			T Hone.	
City:	Province:		Postal Code:	
Own Rent (please check)	Monthly payment or	rent:	How long?	
Previous Address:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		O	
City:	Province:		Postal Code:	
Own Rent (please check)	Monthly payment or	rent:	How Long?	
Co-applicant Employment Information				
Current employer:				
Employer Address:			How long?	
Phone:	E-mail:		Fax:	
	Province:		Postal Code:	
	Hourly Salary	(please check)	Gross Annual Income:	
Emergency Contact				
Name of a person not Residing	with you:			
Address:				
City: Province: Postal Coo			de:	
Relationship: Phone: Landlord Reference(s) (not including family members)				
	uding family members)			
Name:				
Address: Phone:				
Name:				
Address:				
Phone:				
i none.				



Secure Underground	d Parking Availa	ا bie at \$/5	per month - WAITLIST
Parking needed	Yes	No	(please check)
Storage Available at	\$40 per month	- WAITLIST	
Storage needed	Yes	No	(please check)
If you have a cat or	dog, you must re	gister the t	ype and age below and a pet deposit of 50% of your rent
will apply. This will b		_	
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17 - 1	Latter and a second		Parties from to the Hotel had a for the
knowledge.	all the question	s in this app	lication form truthfully to the best of my/our
I/we hereby authori	ze my reference	s to release	information regarding my employment/tenancy to
VRS's Property Mar	nagement Depar	tment.	
Signature of applica	nt:		Date:
Signature of Co-app	licant [.]		Date:
o.b. ataic or co-app			Dutc.
Please email comple	eted form to <u>tan</u>	ya@vrs.org	