

# TOP FLIGHT PROPERTY MANAGEMENT RENTAL APPLICATION



INSTRUCTIONS: Please complete all sections on both pages. Please print all information. Mark "N/A" in any blanks that do not apply.

<b>Apartment Size Required:</b> <input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom			
Building Address	Unit #	Rental Rate	Date Required
<b>PERSONAL INFORMATION</b>			
<b>Applicant's Full Name</b>		Email Address:	H Phone #
First	Initial	Surname	W Phone #
SIN	Date of Birth	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law	
<b>Co-Applicant's Full Name</b>		Email Address:	H Phone #
First	Initial	Surname	W Phone #
SIN	Date of Birth	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law	
<b>Other Residents (Include Children)</b>		Relationship	Age
1.			
2.			
3.			
<b>RESIDENTIAL HISTORY</b>			
<b>Present Address</b>		How long there	Rent amount
Landlord	Phone #	Reason for leaving	
<b>Previous Address</b>		How long there	Rent amount
Landlord	Phone #	Reason for leaving	
<b>Previous Address</b>		How long there	Rent amount
Landlord	Phone #	Reason for leaving	
<b>EMPLOYMENT HISTORY</b>			
<b>Applicant's Employment History</b>			
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other			
Job Title	<input type="checkbox"/> Current <input type="checkbox"/> Previous		Length of Employment
Employer	Employers Address		
Supervisor/Caseworker	Phone #	Monthly Income <input type="checkbox"/> Net <input type="checkbox"/> Gross	
<b>Co-Applicant's Employment History</b>			
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other			
Job Title	<input type="checkbox"/> Current <input type="checkbox"/> Previous		Length of Employment
Employer	Employers Address		
Supervisor/Caseworker	Phone #	Monthly Income <input type="checkbox"/> Net <input type="checkbox"/> Gross	

(CONTINUED ON OTHER SIDE)

