

Sun Country Rentals Ltd.

phone: (403)347-6352 fax: (403)347-0545 e-mail: suncountry@shaw.ca

**Sun Country Rentals Ltd.
Fax: (403) 347-0545
Application for Rental Accommodation
E-Mail: suncountry@shaw.ca**

Date: _____
Property Applying For: _____

Applicant

First Name: _____
Middle Name: _____
Last Name: _____
Number of Dependents: _____

Co-Applicant

First Name: _____
Middle Name: _____
Last Name: _____
Number of Dependents: _____

Current Address:

Apt. #: _____
Street: _____
City: _____
Province: _____
Postal Code: _____
Home Phone: (____) _____
Cell Phone: (____) _____
E-Mail Address _____
How long at this address: _____

Current Address:

Apt. #: _____
Street: _____
City: _____
Province: _____
Postal Code: _____
Home Phone: (____) _____
Cell Phone: (____) _____
E-Mail Address _____
How long at this address: _____

Present Landlord

Name: _____
Phone #: _____

Present Landlord

Name: _____
Phone #: _____

Former Address:

(If current address is less than 2 years)

Apt. #: _____
Street: _____
City: _____
Province: _____
Postal Code: _____

Former Address:

(If current address is less than 2 years)

Apt. #: _____
Street: _____
City: _____
Province: _____
Postal Code: _____

Employment:

Occupation: _____
Employer: _____
Business Phone: _____

Employment:

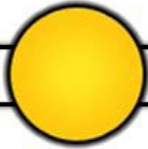
Occupation: _____
Employer: _____
Business Phone: _____

Identification:

Date of Birth: _____
S.I.N. #: _____
Drivers License: _____

Identification:

Date of Birth: _____
S.I.N.#: _____
Drivers License: _____



Additional Information:

Emergency Contacts:

1. _____

Phone: (_____) _____

2. _____

Phone: (_____) _____

Vehicles:

Make and Model: _____

License #: _____

Color: _____

Do you require a Smoking Unit?

Yes _____ No _____

Do you have pets?

Yes _____ No _____

If yes please provide details:

Additional Information:

Emergency Contacts:

1. _____

Phone: (_____) _____

2. _____

Phone: (_____) _____

Vehicles:

Make and Model: _____

License #: _____

Color: _____

Do you require a Smoking Unit?

Yes _____ No _____

Do you have pets?

Yes _____ No _____

If yes please provide details:

I/we understand that any information given here that is found to be false will result in the rejection of this application and/or termination of the lease. I/we understand that staff at Sun Country Rentals Ltd. may obtain credit information and other verifications required to process this applications and I/we hereby authorize staff at Sun Country Rentals Ltd. to obtain such information as required. All information obtained is to be kept confidential.

Applicant Signature:

Co-Applicant Signature:

Questionnaire

How did you become aware of Sun Country Rentals and the property you are interested in:

- ___ Internet Advertising
- ___ Newspaper advertising
- ___ Current or previous tenants

- ___ Website
- ___ Building Signs
- ___ Other (please explain)