



PATHWAY NON-PROFIT COMMUNITY DEVELOPMENTS INC. OF PEEL

Head office:  
3023 Parkerhill Road, Box 100  
Mississauga, ON L5B 4B3  
Fax: 905-272-1818

\*Please complete all sections on both pages. Please print (legal paper) all information.  
Mark N/A in any blanks that do not apply. Click the SUBMIT BY EMAIL button below to email this form to us.

# RENTAL APPLICATION

APARTMENT SIZE REQUIRED:  1 Bedroom  2 Bedroom  3 Bedroom

BUILDING ADDRESS:  3023 Parkerhill Road (ARBOUR MILL)  3420 The Collegeway (FOREST RIDGE) Date Req'd:

## PERSONAL INFORMATION

### APPLICANT'S FULL NAME

First:  Initial:  Last:

Home Phone#

Work Phone#

SIN

Date of Birth M/D/Y

Marital Status:  Single  Married

Divorced  Common Law

### CO APPLICANT'S FULL NAME

First:  Initial:  Last:

Home Phone#

Work Phone#

SIN

Date of Birth M/D/Y

Marital Status:  Single  Married

Divorced  Common Law

OTHER RESIDENTS (INCLUDE CHILDREN)	RELATIONSHIP	DATE OF BIRTH M/D/Y
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

## RESIDENTIAL HISTORY

Present Address:  Time There:  Rent Amount Paid:

Landlord:  Phone#  Reason for leaving?

Previous Address:  Time There:  Rent Amount Paid:

Landlord:  Phone#  Reason for leaving?

Previous Address:  Time There:  Rent Amount Paid:

Landlord:  Phone#  Reason for leaving?

## EMPLOYMENT HISTORY

### APPLICANT'S EMPLOYMENT HISTORY

Status:  Full Time  Part Time  Student  Retired  Unemployed  Other

Employer:   Current  Previous Time There:

Employer Address:

Supervisor/Caseworker:  Phone:  Income:

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CO-APPLICANT'S EMPLOYMENT HISTORY

Status:  Full Time  Part Time  Student  Retired  Unemployed  Other

Employer:   Current  Previous Time There:

Employer Address:

Supervisor/Caseworker:  Phone:  Income:

REFERENCES

Bank Reference  
 Chequing Account#  Address:   
 Savings Account#

Credit Reference  
 Address:  Credit Account#   
 Phone#

Personal Reference (Name):  Address:  Phone#

LOANS

INSTITUTION	ADDRESS	MONTHLY	PAYMENT
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTOMOBILES

MAKE/MODEL	YEAR/COLOUR	LICENSE PLATE NUMBER	PAYMENT
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER INFORMATION

In Case of Emergency Contact:  Phone#   
 Address:  Relationship:

**NOTE: Upon execution of the lease and occupancy of the premises by the Tenant, the deposit, shall become the Security Deposit where applicable, otherwise shall become a rent deposit to be applied towards the last month rent.**

I hereby certify that the above information is true and complete and that I have not withheld any information relevant to this application. It is also understood that the Property Management and/or Owner reserve the right to reject this application. I have read and understood these conditions.

\_\_\_\_\_  
 Applicant Signature    Date    Applicant Signature    Date

I/we hereby give permission to the Landlord or their Agent(s) to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide landlord information, to contact my references, and to take any other reasonable steps necessary to assess this Rental Application, or for any renewal or extension of my/our tenancy. I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and information arising from any tenancy between us to any third party for the purpose of providing a consumer/credit report or contributing information to a database of tenant information made available to Landlords or their Agents.

\_\_\_\_\_  
 Applicant Signature    Date    Applicant Signature    Date

FOR OFFICE USE ONLY

APPLICATIONS	DEPOSITS	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: _____    Initials: _____ Final Building & Apt.#: _____ DATE OF OCCUPANCY: _____	Date	Amount
	_____	_____
	_____	_____