

PROP #: _____

I HEREBY OFFER TO LEASE:



RESIDENTIAL OFFER TO LEASE

UNIT NUMBER: _____ ADDRESS: _____ / _____ / _____ / _____
STREET # ADDRESS PROVINCE POSTAL CODE

FIRST LEASE

FOR A PERIOD OF _____ MONTHS FROM _____ / _____ / _____ TO: _____ / _____ / _____
DAY MONTH YEAR DAY MONTH YEAR

RENTAL CHARGES

BASIC UNIT: \$ _____

CURRENT RENT

PARKING: \$ _____

OTHER \$ _____

Name(s) of roommate(s), if applicable

PLEASE CHECK OFF: APPLICANT GUARANTOR SUBLET LEASE TAKEOVER OCCUPANT

FULL NAME: _____

CHILD(REN) – NAME & AGES (only if 18 years or younger to reside in the unit during the tenancy, otherwise write N/A):

DATE OF BIRTH: _____ / _____ / _____
DAY MONTH YEAR

VEHICLE: _____ / _____ / _____ / _____
MAKE MODEL COLOUR PLATE #

DRIVERS LICENSE #: _____

ARE YOU A STUDENT/CURRENTLY STUDYING? (if no, write N/A):

SCHOOL: _____

SIN#: _____

PROGRAM: _____

PHONE #: (C) _____ / (W) _____

SOURCES OF FUNDING FOR EXPENSES WHILE STUDYING:

EMAIL: _____

Working Loans/LOC Scholarships Savings Family

ADDRESS – CURRENT (if less than 2 years, provide previous address):

ADDRESS – PREVIOUS:

CITY: _____ POSTAL CODE: _____

CITY: _____ POSTAL CODE: _____

PROVINCE: _____ LENGTH OF TIME: _____

PROVINCE: _____ LENGTH OF TIME: _____

LANDLORD NAME : _____

LANDLORD NAME : _____

PHONE #/EMAIL: _____

PHONE #/EMAIL: _____

EMPLOYMENT – CURRENT (if less than 2 years, provide previous job):

EMPLOYMENT – PREVIOUS:

COMPANY: _____

COMPANY: _____

POSITION: _____ MONTHLY INCOME: _____

POSITION: _____ MONTHLY INCOME: _____

DATE POSITION STARTED: _____

DATE POSITION STARTED: _____

SUPERVISOR’S NAME & CONTACT: _____

SUPERVISOR’S NAME & CONTACT: _____

EMERGENCY CONTACT

NAME: _____ ADDRESS: _____

PHONE #/EMAIL: _____

PLEASE NOTE: If you are using this fillable version of the application form, you MUST save it as a flattened document or 'print to pdf' once it is filled out to ensure your information remains on the document before submitting it.

DEPOSIT ATTACHED \$ _____

☐ CERTIFIED CHEQUE ☐ MONEY ORDER

PROOF OF INCOME ATTACHED: ☐ YES ☐ NO

I UNDERSTAND THAT:

INITIALS

A) Upon signing this OFFER, the Landlord has a period of seven (7) days to accept this OFFER, failing which the OFFER is revoked. In the event that I withdraw or cancel this OFFER prior to the seven days or after this OFFER has been accepted, my deposit will be forfeited and I acknowledge that I will be liable for any loss of rent and any other costs or damages suffered by the Landlord.

INITIALS

B) In the event that this OFFER is not accepted by the Landlord it shall be retained by the Landlord and the deposit shall be returned forthwith and reasons for its refusal shall not be divulged.

INITIALS

C) Upon acceptance of this OFFER by the Landlord, I agree that a binding lease has been entered into in accordance with the terms of this OFFER and the Landlord’s standard lease form and all attachments therein.

INITIALS

D) Upon notification of acceptance, I will forthwith attend at the Office of the Landlord to sign the lease.

INITIALS

E) The balance of the first month’s rent is payable upon signing the lease.

INITIALS

F) Smoking in the unit or building is prohibited and will NOT be tolerated.

INITIALS

G) NO OTHER PERSON(S) SHALL OCCUPY THE PREMISES other than as shown on this OFFER TO LEASE unless prior written consent is given by the landlord

INITIALS

H) “As Is” Occupancy: The Landlord will endeavor to have the unit cleaned to the Landlord’s standards prior to occupancy, however, if this cannot be done prior to occupancy, this will be completed within thirty (30) days from the start of the Tenancy Agreement provided by the Landlord. Carpet cleaning and redecoration as deemed necessary at the Landlord’s discretion, shall follow suit as per the above.

INITIALS

I) In the event that I paint a part or whole of the leased premises in a colour other than the basic colour used by the Landlord; or in the event that I apply wall paper or any other substance to the wall(s), ceilings, floors, it shall be my expense to return the unit to a condition acceptable to the Landlord.

INITIALS

J) No appliances or satellite dishes or A/C units may be installed or brought into the unit without written permission by the Landlord. Seasonal fee for electricity use for air conditioning units is \$200.00 and subject to the rules and regulation of the signed lease agreement

INITIALS

K) The Applicant acknowledges that even if the OFFER is accepted, they will not be given keys or possession to the rental unit until they have provided to the Landlord sufficient proof that suitable insurance is in effect.

INITIALS

L) Both sides of this page form a part of this document.

INITIALS

PLEASE TAKE NOTE that a consumer credit report, an employment and income confirmation as well as a landlord history and a security background check containing personal information will be conducted in connection with this OFFER. We undertake to treat the information obtained and that provided in the OFFER in a confidential Manner.

Signature

Date

HEAD OFFICE ADDRESS - 50 BAYSWATER AVENUE, OTTAWA, ONTARIO, K1Y 2E9
PHONE (613)759-8383, FAX (613)759-8448

EMAIL- rentals@districtrealty.com WEB - www.districtrealty.com

HOW DID YOU HEAR ABOUT US? Please check the box: ☐ signage ☐ from a friend
☐ online (please specify) _____ ☐ other (please specify) _____

NOTES (Office use only)