

Lease Application

Please fill-in all fields in CAPITAL LETTERS, sign and FAX at (514)731-6179

Apartment # or size: _____ Rent/month : _____ as of: _____

Last name, First name of tenant _____

E-mail _____ tel. _____

Social Insurance Number _____ date of birth (*ddmmyyyy*) _____

Full present address: _____ rent _____

Name of Landlord: _____ tel. _____

How long at this address: _____

Present occupation: _____ field _____

Monthly salary _____ tel. at work _____

Employer's name: _____ since _____

Employer's address _____ tel. of employer _____

Previous occupation _____ field _____

Monthly salary _____ tel. at work _____

Employer's name: _____ since _____

Employer's address _____ tel. of employer _____

Family references:

1. Full Name _____ relation _____

Place of residence: _____ Occupation: _____ Tel. _____

2. Full Name _____ relation _____

Place of residence: _____ Occupation: _____ Tel. _____

Comments: (e.g. cotenant with,.....) _____

I certify and declare that all information supplied, here above, are true and complete. I, hereby, authorize FOUMAN Trust (senc) to verify said information and undertake a credit check. **A deposit equivalent to the full first month rent is attached and will be reimbursed only if this application is rejected.**

Tenant Signature _____ date _____