

**GUARDIAN PROPERTY MANAGEMENT  
RESIDENTIAL RENTAL AGREEMENT**

Applicant 1	Applicant 2
<b>NAME:</b>	<b>NAME:</b>
Unit Applying For:	Unit Applying For:
Present Address:	Present Address:
Phone: Home: Work: Cell:	Phone: Home: Work: Cell:
SIN #	SIN #
Date of Birth D ___ M ___ Y ___	Date of Birth D ___ M ___ Y ___
Bank: Branch:	Bank: Branch:
Make/Model of Vehicle	Make/Model of Vehicle
License Plate No:	License Plate No:
No of Children ___ Ages ___	No of Children ___ Ages ___
Pets? ___ How Many ___	Pets? ___ How Many ___
Spayed/Neutered? Type ___	Spayed/Neutered? Type ___
<b>EMPLOYMENT HISTORY</b>	
Name of Company:	Name of Company:
Location:	Location:
Phone No.	Phone No.
Position:	Position:
Contact Name:	Contact Name:
Length of Employment: Mos ___ Yrs. ___	Length of Employment: Mos ___ Yrs. ___
Monthly Gross: \$ Additional Income: \$	Monthly Gross: \$ Additional Income: \$
(ODSP, EI, CTC, GST)	(ODSP, EI, CTC, GST)
<b>RENTAL HISTORY</b>	
Landlord's Name:	Landlord's Name:
Landlord's Address:	Landlord's Address:
Landlord's Phone No:	Landlord's Phone No:
Length of Occupancy:	Length of Occupancy:
Reason for Moving: ___	Reason for Moving: ___
Was 60 Days Notice Given? Y ___ N ___	Was 60 Days Notice Given? Y ___ N ___
<b>REFERENCE</b>	
Name:	Name:
Address:	Address:
Phone No.:	Phone No.:
Relation:	Relation:
<b>EMERGENCY CONTACT</b>	
Name:	Name:
Address:	Address:
Phone No.:	Phone No.:

**CO-MAKER APPLICATION**

This section is for those who need a co-signer in order to assist them in getting the unit applied for. You may need a co-signer if you have not been at your job longer than (2) years, or are receiving some degree of assistance. (I.e. Disability, Ontario Works)

Name in Full \_\_\_\_\_

Address \_\_\_\_\_ (Include postal code)

Date of Birth \_\_\_\_\_

Do you: \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ How long? \_\_\_\_\_

Employment Information \_\_\_\_\_ (Co. Name)

Address: \_\_\_\_\_ Service Years? \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

I, the above signed, agree to these terms, and being aware that this agreement is in effect the entire time the tenant(s) are responsible for/or rents the rental premises regardless of abandonment, any rent increases, lease expiry or any renewals. I am also aware of my obligations as the primary debtor and not a guarantor and that the tenant(s) are required to make all rent payments and that no legal action will be taken against the said tenants or the co-signer, before a demand is made to me. You also agree to Guardian Property Management making any necessary credit/criminal checks regarding the information herein.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE NOTE:**

THIS APPLICATION IS SUBJECT TO THE OWNER/AGENTS APPROVAL OF ONE MONTH'S RENT (REPRESENTING THE LAST MONTH OF THE LEASE) IS DUE WITHIN 48 HOURS OF APPROVAL IN THE FORM OF CASH, CERTIFIED CHEQUE, OR MONEY ORDER.

AT THAT POINT; A BINDING OFFER TO RENT OR LEASE IS CREATED AND SHOULD THE APPLICATION BE WITHDRAWN, THE DEPOSIT IS FORFEITED AND THE APPLICANT WILL BE HELD RESPONSIBLE FOR ANY COSTS INCURRED.

BY SIGNING/SUBMITTING THIS APPLICATION, I DECLARE THAT ALL OF THE INFORMATION GIVEN IS TRUE AND GIVE GUARDIAN PROPERTY MANAGEMENT PERMISSION TO VERIFY THE ABOVE AND TO EXECUTE A CREDIT AND/OR CRIMINAL HISTORY CHECK.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**GUARDIAN PROPERTY MANAGEMENT**

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P.O. Box 2488  
Peterborough, ON. K9J 7Y8  
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Fax: (705) 743-1544  
Toll Free: 1-877-316-6458  
[guardian89@bellnet.ca](mailto:guardian89@bellnet.ca)

**For Office Use Only**

<u>Application</u>	<u>Deposit/Keys</u>
Approved ___ Not Approved ___	LMRD ___ \$ _____
Date of Approval/Disapproval	Keys Ready?
Signature of Agent _____	Lease Ready? _____
Apt# _____ Rent:\$ _____	Hydro Called? _____
Date of Occupancy	Unit Cleaned?

