

STEVE FAUX

RENTAL AGREEMENT

Phone: 1 866 993 8787
Fax: 403 208 6542

DATE: _____

LANDLORD/AGENT: _____ PHONE: _____

PLEASE PRINT CLEARLY
NAME(S):

SOCIAL INSURANCE NUMBER

M _____	_____	_____	_____
M _____	_____	_____	_____
M _____	_____	_____	_____

PREMISES APPLIED FOR:

ADDRESS _____

PARKING FOR _____ GARAGE _____ OFF STREET _____

DETAILS OF OCCUPANCY:

TERM TO COMMENCE _____ TERM TO END _____

PAYMENT INFORMATION:

A PRO-RATED RENT OF \$ _____ WILL BE PAID IN ADVANCE TO COVER
THE PERIOD _____ TO _____.

THE UNDERSIGNED AGREES TO PAY FOR THE FOLLOWING SERVICES APPLICABLE TO THE DESIRED PREMISES: YES OR NO

ELECTRICITY _____ GAS _____ HEAT _____ WATER _____ CABLE T.V. _____

MONTHLY RENTAL	\$ _____	PRO-RATED RENT	\$ _____
	\$ _____	FIRST MONTH'S RENT	\$ _____
PARKING: GARAGE	\$ _____	PAID LAST MONTH'S RENT	\$ _____
MONTHLY TOTAL	\$ _____	AMOUNT DUE PRIOR TO OCCUPANCY	\$ _____

AMOUNT RECEIVED WITH APPLICATION:

\$ _____ BY CASH \$ _____ BY CHEQUE \$ _____ TO BE APPLIED UPON

ACCEPTANCE OF THIS APPLICATION AS:

DEPOSIT _____ FIRST MONTH'S RENT _____ PRO-RATED RENT _____.