

Site	
Unit Applied for	
Move in Date	
Rental Rate	
Pro Rate	
Incentive	
Lease Term	
Agency	



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Edmonton, AB
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Fax

ABOVE TO BE COMPLETED BY homeEd Representative

RESIDENTIAL APPLICATION - PRIVATE & CONFIDENTIAL

**** This application will not be processed without Security Deposit and all required information**

APPLICANT 1

Surname: _____ First Name: _____ Mr./Mrs./Ms

Date of Birth: (MM/DD/YYYY) ____/____/____ SIN #: ____-____-____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Current Telephone Number : (____) _____

APPLICANT 2

Surname: _____ First Name: _____ Mr./Mrs./Ms

Date of Birth: (MM/DD/YYYY) ____/____/____ SIN #: ____-____-____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Current Telephone Number : (____) _____

Married
 Common Law
 Roommate
 Single
 Divorced/Separated

Children(s) Name and Ages

Surname	First Name	Sex	Date of Birth (MMDDYYYY)
_____	_____	M:____ F:____	____/____/____
_____	_____	M:____ F:____	____/____/____
_____	_____	M:____ F:____	____/____/____
_____	_____	M:____ F:____	____/____/____
_____	_____	M:____ F:____	____/____/____

Vehicle Info: _____

Make Model Year Colour License Plate

Vehicle Info: _____

Make Model Year Colour License Plate

TENANT INSURANCE: Do you carry Tenant's Insurance? () No () Yes If approved you must maintain tenant liability insurance and provide proof of insurance to the Leasing Specialist before moving in. _____ Please initial

ARREARS: Unpaid rent owing to any Landlord? () No () Yes If yes, to whom and amount: _____

LANDLORD VERIFICATION - Landlord information please list the past 3 years – postal codes must be included (required for approval)

Present Address: _____

Landlord Name: _____ Phone: (____) _____

From: ____/____ (month/year) to: ____/____ (month/year) Reason for moving: _____

Previous Address: _____

Landlord Name: _____ Phone: (____) _____

From: ____/____ (month/year) to: ____/____ (month/year) Reason for moving: _____

Previous Address: _____

Landlord Name: _____ Phone: (____) _____

From: ____/____ (month/year) to: ____/____ (month/year) Reason for moving: _____

INCOME VERIFICATION - All income from all sources for all household members must be declared. If you or another member is employed, complete this section

Name of Household Member: _____
 Employer: _____ Phone: _____
 Date of Employment: from: _____ to: _____ Paid () Weekly () Bi-weekly () Semi-monthly () Monthly
 Salary: _____ per: _____ (hour/month/year) Hours per week: _____

Name of Household Member: _____
 Employer: _____ Phone: _____
 Date of Employment: from: _____ to: _____ Paid () Weekly () Bi-weekly () Semi-monthly () Monthly
 Salary: _____ per: _____ (hour/month/year) Hours per week: _____

Other Income	Amount per month
() AISH	\$
() Income Support	\$
() WCB	\$
() Employment Insurance	\$
() CPP	\$
() OAS	\$
() Alberta Seniors Benefit	\$
() Company / Group Pension	\$
() Student Funding	\$
(Including, but not limited to: Alberta Works Grants, Maintenance Grants, Millennium Scholarships, bursaries, stipends, etc. Describe)	
() Student Loans	\$
Describe	
() Child Support	\$
() Spousal Support	\$
() Resettlement Allowance	\$
() Self Employment	\$
() Taxi Driver () Other	\$
Describe	
() Foreign Country Income	\$
() Other	\$
(Including, but not limited to: Oil Royalties, Commissions, Bonuses, Tips, Lump Sum Insurance or Employment Settlements, rental revenue, investment income, etc.)	
If you checked other, please describe:	
() GST Rebate \$ _____ per 3 months	
() Child Tax Benefits \$ _____ per month	
() Family Employment Tax Credits \$ _____ per 6 months	

Emergency Contact (not residing in home): _____
 Relationship: _____ Phone: _____
 Address: _____

SECURITY DEPOSIT

Under penalty of perjury, the undersigned represents that the above statements are true and complete and hereby authorizes the verification of information and references given. **It is understood the deposit received will be returned if the applicant(s) is not approved.**

NO CASH POLICY/MONEY ORDER OR CERTIFIED CHEQUE ONLY

THE LANDLORD HERBY ACKNOWLEDGES RECEIPT OF THE SUM OF \$ _____ AS A RENTAL DEPOSIT WHICH IS FORFITABLE IN THE EVENT THE APPLICANT DOES NOT TAKE OCCUPANCY ON THE COMMENCEMENT DATE AS AGREED UPON, OR FAILS TO EXECUTE THE STANDARD LEASE/DOCUMENTS WHEN PRESENTED FOR EXECUTION. UPON THE APPLICANT TAKING POSSESSION OF THE APARTMENT/TOWNHOME, THE DEPOSIT SHALL BE DEEMED TO BE A SECURITY DEPOSIT AS DEFINED IN THE PROVINCE OF ALBERTA UNDER THE TENANCIES ACT.

APPLICANT'S INITIALS: _____
 STAFF INITIAL _____

I/WE HAVE READ AND UNDERSTAND ALL CONDITIONS OF THIS APPLICATION FOR TENANCY.

APPLICANT CONSENT/WAIVER:
 This is to inform you, the applicant(s), that credit investigations involving the statements, made by you on this rental application, are being initiated. I/We (Applicant) certify, to the best of my/our knowledge all statements are true and complete. I/We (Applicant) authorize HomeEd, and its representatives, to obtain credit reports, employment reports, and to verify rental history as necessary to verify all information put forth in the above referenced Rental Application.
 I/We (Applicant) give consent to the Landlord for the release of my personal information, for any collection purpose, resulting from future rental arrears or outstanding balances, created as a result of my tenancy or my guests occupancy, with the Landlord.

- The utilities you are responsible for must be in your name on the move in date. For townhomes, you are responsible for all utilities; for apartments you are responsible for the power to your unit. This will be confirmed prior to your move in date.
- The tenant(s) hereby undertakes to immediately notify the Landlord, IN WRITING, of any changes in employment, income, marital status, or family size during the period of tenancy.

Please be advised that **NO PETS** are allowed: _____
 Please sign (no pet acknowledgement).

Applicant 1 Signature _____

Applicant 2 Signature _____

HomeEd _____

Date _____