

5814 57 A Ave Taber AB T1G 1Y4
403-894-7085 Brandi
403-635-0754 Wendy
info@alliancerental.ca



APPLICATION FOR RENTAL ACCOMMODATIONS

***The Landlord Acknowledges the Confidentiality of This Information
(Must be fully completed)***

Accommodation Information
Address of Premises:

Type Requested:

- ☐ 1216 sq ft 3 bedroom
☐ 1520 sq ft 3 bedroom

Date Requested: _____

Name of all people to occupy the premises:

Name of all adults: _____

Name of all Children: _____

Personal Information of All Applicants (1st Adult)

Full Name _____ Date of Birth _____MM/DD/YYYY_____

Present Address _____ How long have you lived at _____

Previous Address _____ How long have you lived at _____

SIN # _____ Phone # _____

Drivers License # _____

Personal Information of All Applicants (2nd Adult)

Full Name _____ Date of Birth _____MM/DD/YYYY_____

Present Address _____ How long have you lived at _____

Previous Address _____ How long have you lived at _____

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SIN # _____ Phone # _____

Drivers License # _____

Employment Information (1st Adult)

Current Employer _____ Occupation _____

Name of Supervisor _____ How long? _____

Address _____ How long have you lived at _____

Employment Information (2nd Adult)

Current Employer _____ Occupation _____

Name of Supervisor _____ How long? _____

Address _____ How long have you lived at _____

Credit Information of Applicants (1st Adult)

Income per month (net after tax) _____ (Please provide last two pay stubs)

Bank Name _____ Branch _____

Credit References:

Name: _____ Phone # _____

Name: _____ Phone # _____

Credit Information of Applicants (2nd Adult)

Income per month (net after tax) _____ (Please provide last two pay stubs)

Bank Name _____ Branch _____

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Credit References:

Name: _____ Phone # _____

Name: _____ Phone # _____

***Rental History
(1st Adult)***

Current Landlord: _____ Phone _____

Previous Landlord: _____ Phone _____

***Rental History
(2nd Adult)***

Current Landlord: _____ Phone _____

Previous Landlord: _____ Phone _____

Additional Information:

***Relatives or friends who can be contacted in case of emergency:
(1st Adult)***

Name _____ Address _____

Phone _____ Relationship _____

(2nd Adult)

Name _____ Address _____

Phone _____ Relationship _____

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Approval of this application is subject to the Landlord and Tenant signing a Residential Tenancy Agreement.

All statements that I have made in this application are true. I authorize the Landlord to do a credit check and a criminal background check. By signing this application, ALL personal information is consensually given for the use by us or our appointed agents in respect to your application, subsequently tenancy, or on-file records in accordance to The Personal Information Protection and Electronic Documents Act (PIPEDA 2004) This is to include and extended to the gathering and consent to access of account information and status for ALL utility companies that the Tenant may enter into contracts with for the duration and for periods after the termination of the tenancy to ensure accounts are in good and current standing during and at the completion of the lease period.

Date of Application ____ day of _____, 20____.

Print Name (Adult 1)

Signature

Print Name (Adult 2)

Signature