

Box 875, Red Deer, AB T4N 5H3 <u>www.suncountryrentals.com</u>
Office Phone: (403) 347-6352 Office Fax: (403) 347-0545 Email: <u>info@suncountryrentals.com</u>

## **Application for Rental Accommodation**

Occupancy Start Date:		
Property Address Applying For:		
Length of Lease Term:		
Applicant:	Co Applicant:	
First Name:	First Name:	
Middle Name:	Middle Name:	
Last Name:	Last Name:	
Number of Dependents:	Number of Dependents:	
Current Address:	Current Address:	
Apartment #:	Apartment #:	
Street:	Street:	
City:	City:	
Province:	Province:	
Postal Code:	Postal Code:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Email Address:	Email Address:	
How Long at This Address:	How Long at This Address:	
Present Landlord:	Present Landlord:	
Name:	Name:	
Phone #:	Phone #:	
Former Address (if current address is less than 2 years):	Former Address (if current address is less than 2 years):	
Apartment #:	Apt #	
Street #:	Street #:	
City:	City:	
Province:	Province:	
Postal Code:	Postal Code:	
<b>Employment:</b>	<b>Employment:</b>	
Occupation:	Occupation:	
Employer:	Employer:	
Business Phone:	Business Phone:	



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Date of Birth:  S.I.N.:  Drivers License:  Drivers License:  Additional Information:  Emergency Contacts:  Name:  Phone:  Phone:  Name  Phone:  Phone:  Vehicles:  Make and Model:  License #:  Color:  Color:  Do you require a Smoking Unit?  Yes Please Provide Details:  Ilwe understand that any information given here that is found to be false will result in the rejection of this application and/or termination and other verifications required to process this applications and Ilmorrmation obtained is to be kept confidential.  Applicant Signature:  Co Applicant Signature:  Questionnaire  How did you become aware of Sun Country Rentals and the property you are interested in:  Internet Advertising  Newspaper advertising  Rule lage of Birth:  S.I.N.:  Drivers License:  Website  Shadditional Information:  Emergency Contacts:  Madditional Information:  Emergency Contacts:  Name:  Phone:  Name:  Phone:  Name:  Phone:  Vehicles:  Make and Model:  Make and Model:  Make and Model:  License #:  Color:  Color:  Color:  Do you have pets?  Yes \  No  If yes \  No  If yes \  No  If yes \  No  If yes Please Provide Details:  Color:  Color:  Color:  Color:  Do you have pets?  Yes \  No  If yes	Identification:	Identification:	
Drivers License:  Additional Information: Emergency Contacts: Name: Phone: Name Phone: Phone: Name Phone: Phone:  Vehicles: Make and Model:  License #: Color: Color:  Do you require a Smoking Unit? Yes No If yes Please Provide Details:  Naw understand that any information given here that is found to be false will result in the rejection of this application and/or termination and other verifications required to process this applications and live hereby authorize staff at Sun Country Rentals Ltd. to obtain such information as required. All information obtained is to be kept confidential.  Applicant Signature:  Cuestionnaire  How did you become aware of Sun Country Rentals and the property you are interested in: Internet Advertising Newspaper advertising	Date of Birth:	Date of Birth:	
Additional Information: Emergency Contacts: Name: Phone: Name Phone: Name Name Name Name Name Name Phone:  Vehicles: Make and Model: License #: Color: Color: Do you require a Smoking Unit? Do you have pets? Yes No If yes Please Provide Details:  Name No If yes Please Provide Details:  No Color:  Color: Co	S.I.N.:	S.I.N.:	
Emergency Contacts: Name: Name: Phone: Phone: Phone: Name Phone: Phone: Phone: Phone:  Vehicles: Make and Model: Make and Model: License #: Color: Color: Do you require a Smoking Unit? Pyes No Yes No If yes Please Provide Details:  Name phone:  Name Phone:  Do you have pets? No If yes Please Provide Details:  New understand that any information given here that is found to be false will result in the rejection of this application and/or termination of the lease. Itwe understand that staff at Sun Country Rentals Ltd. may obtain credit information and other verifications required to process this applications and New hereby authorize staff at Sun Country Rentals Ltd. to obtain such information as required. All information obtained is to be kept confidential.  Applicant Signature:  Co Applicant Signature:  Questionnaire How did you become aware of Sun Country Rentals and the property you are interested in: Internet Advertising Newspaper advertising Suilding Signs Current or previous tenants Other (please explain)	Drivers License:	Drivers License:	
Name:	Additional Information:	Additional Information:	
Phone:	<b>Emergency Contacts:</b>	<b>Emergency Contacts:</b>	
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Phone:    Phone:   Phone:   Phone:	Name	Name	
Make and Model:  License #: Color:  Do you require a Smoking Unit? Yes No Yes No Yes No Yes No If yes Please Provide Details:    Nwe understand that any information given here that is found to be false will result in the rejection of this application and/tor termination of the lease. Nwe understand that staff at Sun Country Rentals Ltd. may obtain credit information and other verifications required to process this applications and Nwe hereby authorize staff at Sun Country Rentals Ltd. to obtain such information as required. All information obtained is to be kept confidential.  Applicant Signature:  Co Applicant Signature:  Questionnaire  How did you become aware of Sun Country Rentals and the property you are interested in:   Internet Advertising   Website   Building Signs   Current or previous tenants   Other (please explain)	•	Phone:	
License #:  Color:  Do you require a Smoking Unit?  Yes No Yes No Yes No Yes No Sir yes Please Provide Details:    No	Vehicles:	Vehicles:	
Color:  Do you require a Smoking Unit? Do you have pets? Yes No If yes Please Provide Details:    No	Make and Model:	Make and Model:	
Color:  Do you require a Smoking Unit? Do you have pets? Yes No If yes Please Provide Details:    No	License #:	License #:	
Do you require a Smoking Unit?  Yes No If yes Please Provide Details:    No   Yes No			
Yes			
If yes Please Provide Details:    I   We understand that any information given here that is found to be false will result in the rejection of this application and/or termination of the lease. I/we understand that staff at Sun Country Rentals Ltd. may obtain credit information and other verifications required to process this applications and I/we hereby authorize staff at Sun Country Rentals Ltd. to obtain such information as required. All information obtained is to be kept confidential.    Applicant Signature:	Do you require a Smoking Unit?	Do you have pets?	
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☐ Internet Advertising       ☐ Website         ☐ Newspaper advertising       ☐ Building Signs         ☐ Current or previous tenants       ☐ Other (please explain)			
☐ Newspaper advertising       ☐ Building Signs         ☐ Current or previous tenants       ☐ Other (please explain)	_	_	
Current or previous tenants Other (please explain)			
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## AUTHORIZATION TO RECEIVE NOTICES AND OTHER INFORMATION BY ELECTRONIC COMMUNICATION

Date:		
Address:		
Tenant(s):		
/We expressly authorize Sun Country Rentals Ltd. to the e-mail address(s) or cell phone number(s) listed b		
It is further acknowledged that I/we will check the e- Ltd. is not responsible for spam filter settings or any of in an e-mail not being received by me/us. It is my re- tany e-mail address changes.	other problems (electronic or otherwise) resulting	
Notices or correspondence I/we may receive may include, but not be limited to, building water shut off notices, annual fire alarm testing notices, Notices to Enter for suite repairs, and other correspondence I/we may receive from the Condominium Board. I/we acknowledge that these notices I/we receive can be of an urgent nature and time sensitive.		
Tenant:		
Cell Phone:		
E-mail:		

Signature

Signature