Lanpro Developments - Application For Residency

Date: Primary Phon	ne:	Desired Length of Occupancy:	
Rental Unit (House/Apartment/Oth	ner):	lumber of Bedrooms:	Price:
Application Information:			
Name:	SIN#:	Date of Birth:	
Co-Applicant:	SIN#:	Date of Birth:	
Other Tenants to Occupy Unit:			
Name:	Age:	Occupation:	
Relationship:	Name:	Age:	
Occupation:	Relationship:	Name:	
Age:	Occupation:	Relationship:	
Pets:			
Name:	Type/Bree	d: Sex	x:
Indoor/Outdoor:			
Residence History			
Present Address:	Phone:	Email:	
City, Province, Postal Code:	Own/Rent:	Monthly R	Rent: (\$)
How Long There?:	Reason for Le	aving: Landlord N	Name:
Phone:	Email:		

Income:				
Applicant Employment (Past 3 Ye	ars):			
Status: Full time Part tim	ne Current Employer:	Address:		
Occupation:	Date Started:	Phone:		
Other Income: (\$)	Source:	Total Gross Monthly Income: (\$)		
Previous Employment				
Previous Employer:	Address:	Occupation:		
Supervisor Name:	Phone:	Date Started:		
Rate of Pay:	Previous Employer:	Address:		
Occupation:	Supervisor Name:	Phone:		
Date Started:	Rate of Pay:			
Other Personal Information:				
Do you smoke?: ☐ Yes ☐ No	Make/Model of Car:	Year:		
License #:	Prov:			
Credit References (List bank, credit union, type of accounts, other credit references):				
1.	2.	3.		
Personal References:				
1. Name:	Relationship:	Phone:		
2. Name:	Relationship:	Phone:		

Family References:		
1. Name:	Relationship:	Phone:
2. Name:	Relationship:	Phone:
Authorization:		
I/We hereby authorize Landeemed necessary in connection direct business requirement	ection with the establishment and mair	it reports of other information as may be ntenance of a credit account or for any othe
The applicant declares all a references. This informatio applicant.	bove statements to be true and author n is confidential and will not be release	rizes the landlord to contact available ed to anyone without the consent of the
I hereby apply for accomm such accommodation will be	odation and realize that the completions are made available.	on of this form does not guarantee that
Signed/Applicant:	Date:	Signed/Co-Applicant:
Date:	Witness (if printed):	Date: