

Box	10965.	LLOYDMINSTER,	AB	T9V3	ВЗ
 	,	,			_

DATE:	

WEBSITE: WWW.MACSREALTY.CA

EMAIL: INFO@MACSREALTY.CA OR LIZ@MACSREALTY.CA

(NO FAX#)

APPLICATION MUST BE FILLED IN FULL - INCLUDING ALL INCOME SOURCES AND Rental Application Form

AND EMPLOYMENT INFORMATION - NO PETS (UNLESS INDICATED) NO SMOKING

PERSONAL INFORMATION								
Primary Applicant:	SURNAM	E	GIVEN MIDDLE					
Phone Number:			Em	ail:				
Cell Number:			D.C	D.B:				
Marital Status:	Married 🗆	Common-Law	☐ Separate	d 🗆	Single			
Current Address:								
City:			Province:			Own/Rent?	□Own	□Rent
Monthly Mortgage/Rent Amount: How long at this residence?								
Reason for Moving: Landlord's Name & Phone Number:								
Previous Address if less	than 2 years:							
City:			Province:			Own/Rent?	□Own	□Rent
Monthly Mortgage/Rent Amount: How long at this residence?								
Reason for Moving:			Landlord's Name	& Phone	Number:			
Co-Applicant:	Surnam	E	GIVEN			M	IDDLE	
Phone Number:			Em	ail:				
Cell Number:			D.C	O.B:				
Marital Status:	Married \square	Common-Law	☐ Separate	d 🗆	Single			
Relationship to Applicant:								
Dependant Children:								
First & Last Name:			Gender:		D.O.B:			
First & Last Name:			Gender:		D.O.B:			
First & Last Name:			Gender:		D.O.B:			
First & Last Name:			Gender:		D.O.B:			
		Rental R	EQUEST INFOR	RMATIO	N			
Possession Date Required	:			ate Nego	otiable?	□ Ye	es 🗆	No
Maximum Rent:								
Province Required:	□ Alberta		Saskatchewan		□ N	o Preference)	
Bedrooms:	1 +	2 +	□ 3+] 4+		□ 5+	
Bathrooms:	1+	2+	□ 3+					
Housing Type: □	Apartment	☐ Condoi	minium/Townhous	se	□ Н	ouse	□ No Pre	eference
Other Considerations:								
I am interested in the following property: (if applicable)								

ALL UNITS ARE NO PETS, UNLESS NOTED ON THE AD - NO SMOKING OR VAPING IN ANY UNITS

			I	NCOME IN	IFORM	MATION	[
Primary	Applicant Mor	ithly Income:										
Present	Employer:											
Supervis	or:			Po	sition:			Phone N	umber:			
Address	:											
City:					Prov	/ince:			Postal Code	:		
Type of	Employment:	☐ Full Time		Part Time		Seasona	al	Length of E	Employment: _	yr(s)	mth(s)	
Previou	ıs Employer: (If l	ess than 2 years)				Superviso	r:		Position:			
Address	:											
City:						vince:		Postal Code:				
Type of	Employment:	☐ Full Time		Part Time		Seasona	al	Length of E	Employment: _	yr(s)	mth(s)	
	· · ·	lonthly Income:										
Present	Employer:							Phone N	umber:			
				CREDIT	HIST	ORY						
,		ted from a rental reside					Yes		No			
Have you ever had 2 or more late rental payments in the past year?							Yes		No			
		pay rent when due?					Yes		No			
If you a	nswered yes to c	one or more of the abov	e quest	ions, please le	eave a	detailed e	xplanat	ion:				
			P	ERSONAL	Refe	RENCE	S					
Name:	SURNAM	E	GIVE	N	Phone	e Number	:					
Address					City:				Prov	ince:		
Name:	SURNAM	E	GIVE	N		e Number	:					
Address:	:				City:				Prov	ince:		
			E	EMERGENO								
Name:	SURNAM	E	GIVE	N		e Number	•					
Address	:				City:				Prov	ince:		
I/We, the undersigned, warrant the truth, completeness and accuracy of the forgoing information and hereby authorize and consent to Mac's Realty Ltd. obtaining further information and to check the information that has been given by me/us. Mac's Realty Ltd. may also disclose information about me/us to the Credit Bureaus and other persons with whom I/we have, or propose to have, financial dealings, or if it believes the disclosure is required by law. I/we agree that this application will be retained by Mac's Realty Ltd., should I enter a rental agreement with Mac's Realty Ltd., however; it will be destroyed if I do not. This information will only be used for the purpose of reviewing my rental request and follow up of the subsequent rental agreement, and no other purpose. I/We understand incomplete information will result in processing delays or rejection of the application.												
	Signature of Primary Applicant					Date						
Signature of Co-Applicant						Date						

ALL UNITS ARE NO PETS, UNLESS NOTED ON THE AD-NO SMOKING OR VAPING IN ANY UNITS