



# RENTAL APPLICATION FORM

Quality Property Management a division Of CommVest Realty Ltd.

9815 - 116 Avenue Grande Prairie, Alberta T8V 4B4

Office: (780) 539 - 7131 Fax: (780) 532 - 2400

Email: [rentals@qpmrentals.com](mailto:rentals@qpmrentals.com) Website: [www.QPMrentals.com](http://www.QPMrentals.com)



Today's Date: \_\_\_\_\_

Date Unit Required: \_\_\_\_\_ 1 bdrm/2 bdrm/3 bdrm/other \_\_\_\_\_

Address of unit applied for: \_\_\_\_\_ - \_\_\_\_\_ Circle-Month to Month OR One Year

Do you have a pet? NO/YES If YES, what kind and size? \_\_\_\_\_

NOTE: PHOTO OF PET SHOWING SIZE IS REQUIRED - No Replacement Pets Allowed.

Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

S.I.N. # \_\_\_\_\_ Date of birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Dependant Children: (please note last name if different from above)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

### Current Address:

Length of stay: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

CIRCLE ONE : Owned home /Lived with Family/Rented/Other - \_\_\_\_\_

LANDLORD's NAME: \_\_\_\_\_ Landlords Phone #: \_\_\_\_\_

<b>Office Use Only-RED INK PLEASE</b>			
Time Verified _____	Rent on Time _____	NSF'S _____	
Pets _____	Damages _____	Eviction _____	Clean _____
Reason for leaving _____	Would you rent to them again	Yes / No	
Person you spoke with _____	Any Balance Outstanding?	Yes / No	
Comments _____			

### Previous Address (if above is less than two years):

Length of stay: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

CIRCLE ONE : Owned home /Lived with Family/Rented/Other - \_\_\_\_\_

LANDLORD's NAME: \_\_\_\_\_ Landlords Phone #: \_\_\_\_\_

<b>Office Use Only-RED INK PLEASE</b>			
Time Verified _____	Rent on Time _____	NSF'S _____	
Pets _____	Damages _____	Eviction _____	Clean _____
Reason for leaving _____	Would you rent to them again	Yes / No	
Person you spoke with _____	Comments _____		

<b>Office Use Only</b>			
<input type="checkbox"/>	Rec'd By: _____	Date Rec'd: _____	Time Rec'd: _____
<input type="checkbox"/>	Approved	Date: _____	Time: _____
		Signature _____	(NB/AJ/JM/MK ONLY)
<input type="checkbox"/>	Not Approved	Date: _____	Time: _____
		Signature _____	(NB/AJ/JM/MK ONLY)
	Property Address: _____	Owner code: _____	

Reason Approved/Not Approved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CURRENT Employer:** \_\_\_\_\_  
 Full-Time / Part-Time / Student/Other \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Your Position \_\_\_\_\_ Supervisor's name \_\_\_\_\_  
 Income from other source(s) \_\_\_\_\_

**PREVIOUS Employer:** \_\_\_\_\_  
 Full-Time / Part-Time / Student/Other \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Your Position \_\_\_\_\_ Supervisor's name \_\_\_\_\_

**Office Use Only-RED INK PLEASE**

Employment Verified \_\_\_\_\_ Full/Part Time \_\_\_\_\_ Time Verified \_\_\_\_\_  
 Position \_\_\_\_\_ Anticipate Individual Staying With Company \_\_\_\_\_  
 Person Spoke With \_\_\_\_\_

**Office Use Only-RED INK PLEASE**

Called SCL (539-7080): \_\_\_\_\_  
 Person you spoke with: \_\_\_\_\_

**Office Use Only-RED INK PLEASE**

Check to see if previous QPM tenant \_\_\_\_\_ \$ owing yes no

PLEASE NOTE: **RENT MUST BE PAID BY AUTO-DEBIT**

**WE WILL BE DOING A CREDIT CHECK**  
**IF YOU HAVE BAD CREDIT YOU WILL NOT BE APPROVED**

**Credit References:**

Bank - (Circle) ATB/BMO/RBC/TD/CR.UNION/ SCOTIA/CIBC/OTHER \_\_\_\_\_  
 Insurance Company (other than auto)- \_\_\_\_\_

**Personal Reference: PLEASE fill out full mailing addresses-Including Postal Code!!!**

1. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Reference's Relationship to Applicant \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Reference's Relationship to Applicant \_\_\_\_\_

**In Case of Emergency: (can not be the same as a personal reference above)**

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Reference's Relationship to Applicant \_\_\_\_\_

**Vehicles:**

Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate# \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate# \_\_\_\_\_

*I/We, the undersigned, warrant the truth, completeness and accuracy of the foregoing information and hereby authorize and consent to Quality Property Management a div. of CommVest Realty Ltd. obtaining further information about me/us and to check the information that has been given by me/us. Quality Property Management a div. of CommVest Realty Ltd. may also disclose information about me/us to 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 information so received and this application may be retained by Quality Property Management a div. of CommVest Realty Ltd. I authorize investigation of all statements in this application and I certify that, to the best of my knowledge and belief, the answers given by me are true and correct. In the event any information supplied by me is determined to be false I acknowledge that this will serve as grounds for immediate eviction.*

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Witness** \_\_\_\_\_