

FOUMAN Trust (senc)

Lease Application at The Lorne 3660 Lorne crescent

fill-in all fields in CAPITAL LETTERS, FAX (514)731-6179 e-mail: Admin@LorneApartments.ca

Apartment # or size: _____ Rent/month: _____ as of: _____

Last name, First name of tenant _____

E-mail: _____ tel. _____

Social Insurance Number _____ date of birth (ddmmyyyy) _____

Full present address: _____ rent _____

Name of Landlord: _____ tel. _____

How long at this address: _____ Field of study (if student): _____

Source of funds to pay rent (parents, scholarship, work): _____

Family references:

1. Full Name _____ relation _____

Place of residence: _____ Occupation: _____ Tel. _____

2. Full Name _____ relation _____

Place of residence: _____ Occupation: _____ Tel. _____

Comments: (e.g. cotenant with) _____

I certify and declare that all information supplied, here above, are true and complete. I, hereby, authorise FOUAMAN Trust (senc) to verify said information and undertake a credit check. **A deposit equivalent to the full first month rent is attached and will be reimbursed only if this application is rejected.**

MODE OF PAYMENT OF DEPOSIT: Amount of deposit: \$ _____ Cash Cheque

Authorising Direct Withdrawal f/bank account: _____

Tenant Signature _____ date _____