RENTAL APPLICATION

Applicant's Legal Name		Ema	ail			
Birth Date	Driver's License #		Cell			
RENTAL DESIRED						
Address to be Rented		Date	Date Rental Required			
Type desired \Box 1 Bedroom Apt	□ 2 Bedroom Apt □	Floor of House	🗆 Entire	House	🗆 Traile	
Maximum Lease	months (longer leases will be given preference)					
Number of Adult occupants	Number of children <18	ber of children <18 Total number of occupants				
Ages of children	_ Pets to occupy					
Current Employer		Occupation				
Phone		? Months				
Former Employer		Occupation				
Phone	How Long	? Months				
Current Home Address						
Present Landlord			eaving			
How Long? months Monthly	y Rent \$	Landlord Ph	Landlord Phone			
Co-Applicant's Name						
Email		Cell				
Employer			Occupation			
Employer Phone		? Months	Annual I	ncome \$		
Credit Type Lender		Bala	nce	Monthly	Payment	
Vehicle Loans				-	-	
Credit Cards						
Other Debt						
Total Debt						
References (no relatives)	Position/Occupat	ion	Phone			

I hereby authorize Alpine Realty 3% to obtain credit reports or other information as may deemed necessary in connection with the establishment and maintenance of a lease or any other direct business requirement. I declare all above statements to be true and authorize the landlord to contact available references. Any false information on this application is grounds for termination of the tenancy. This information is confidential and will not be released to anyone without the consent of the applicants.

Date Signed					
Signature		Signature			
Print Name		Print Name			
Ver 20240221	5023 4 Ave, Edson, AB	Rentals@AlpineRealty3Percent.ca	7807235550		

