

FETT INVESTMENTS INC

APPLICATION FOR RENTAL ACCOMMODATION

EDMONTON, AB
Main Office

PH: 780-454-4087, FAX: 780-455-2565

THE LANDLORD ACKNOWLEDGES THE CONFIDENTIALITY OF THIS DOCUMENT

NAMES OF APPLICANTS	PRESENT ADDRESS	HOW LONG?
1.	1. Tel:	1.
2.	2. Tel:	2.

Date of Birth.- App.1. _____ App.2. _____	NO. OF PEOPLE TO OCCUPY PREMISES:
Social Insurance # App. 1. _____ App. 2. _____	ADULTS: _____ CHILDREN: _____ AGE: _____
Make & Year of Vehicle _____	License No. _____

APPLICANTS

	APPLICANT 1	APPLICANT 2
PRESENT EMPLOYER:		
ADDRESS:		
PHONE NO.		
OCCUPATION:		
FOR HOW LONG:		
MONTHLY INCOME:		
BANK:		
BRANCH:		
PRESENT LANDLORD:		
PHONE NUMBER:		
PREV. LANDLORD:		
PHONE NUMBER:		
3 CREDIT REFERENCES:		

RELATIVES OR FRIENDS WHO CAN BE CONTACTED IN CASE OF EMERGENCY

NAME: _____	ADDRESS: _____
PH: _____	POSTAL CODE: _____

IS YOUR FURNITURE INSURED AGAINST LOSS BY FIRE, THEFT ETC. ___YES___NO

DATE ACCOMMODATION REQUIRED: DAY___ MONTH_____ YEAR_____

TYPE OF ACCOMMODATION REQUIRED: _____

I/We hereby certify that all statements made in this application are true and I/we hereby authorize the Landlord to conduct a credit check.

Dated this _____ day of _____, 20____

SIGNATURES

APPLICANT 1. _____

APPLICANT 2. _____