



Samson Real Estate

A Division of Samson Management Ltd.

www.samsonrealestate.ca

P.O. Box 539, Maskwacis, AB T0C 1N0
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TELEPHONE: (780) 585-4322
FAX: (780) 585-4320
1(877) 585-6822

RENTAL APPLICATION FORM

ADDRESS OF PROPERTY TENANT IS APPLYING TO RENT:

Today's Date: _____ Desired Date of Occupancy: _____

Applicants Full Name(s): _____

Social Insurance Number#: _____ Date of Birth: _____

Present Address: _____ Postal Code: _____

Present Phone Number: _____ Length of Time at Present Address: _____

Present Landlord's Name & Telephone: _____

Co-Applicants Full Name(s): _____

Social Insurance Number: _____ Date of Birth: _____

The following individuals will be living at said premises. Subject to laws of the area and province, no other person(s) are allowed without prior written permission of landlord:

List all sources of income (Give Employer's Name, Phone Number, Length of Employment and Monthly Income):

Tenant(s) Name	Source of Income	Net Monthly Amount

Banking Information			
Bank		Branch	
Checking Acct #		Savings Acct #	
Other Bank		Branch	

References (Other than relatives)

Name of References	Phone Number	Address

Automobile:

Make: _____ Model: _____ Year: _____

Registration Plate # _____ License # _____

In Case of Emergency, Notify:

Name: _____ Relationship: _____

Address: _____

Phone: _____

****APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER TO BE
CONSIDERED. ****

Rental payments are due on the first day prior to occupancy, and thereafter on or before the first day of the month. All cheques are payable to Samson Management Limited. Security deposit is payable in advance and is equal to one months rent. All payments are to be paid by cheque, money order or authorized bank draft.

ABSOLUTELY NO PETS, WATERBEDS OR SMOKING. NO EXCEPTIONS.

The tenant(s) represent and warrant that the information given on this is true and correct, and acknowledge that the landlord is relying on such information, the tenant authorize the landlord to verify and to obtain such other verification of the tenant(s) credit and the standing as the landlord shall reasonably require.

Applicants Signature: _____ Date: _____

Co-Applicants Signature: _____ Date: _____

RETURN ADDRESS: PO BOX 539
MASKWACIS, AB T0C-1N0

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