

## Tenant Application Form

### ***Cascade Realty Services***

103, 220 Bear St., Box 1141, Banff, Alberta T1L 1B1

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Date \_\_\_\_\_ Date unit required \_\_\_\_\_  
Address of unit applied for \_\_\_\_\_ Anticipated length of stay \_\_\_\_\_

**Applicant** \_\_\_\_\_  
(Surname) (Given) (Middle)

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

Marital Status: ☐ Married ☐ Separated ☐ Single ☐ Common-law

Comments/Details of Rental Requests (Maximum rent, garage, how many bedrooms, etc.)  
\_\_\_\_\_

### **Current Address:**

Length of stay \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Reason for moving: \_\_\_\_\_ ☐ Owned home ☐ Rented

If rented, Landlord's name: \_\_\_\_\_ Landlord's phone: (\_\_\_\_) \_\_\_\_\_

### **Previous Address if above is less than two years:**

Length of stay \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Reason for moving: \_\_\_\_\_ ☐ Owned home ☐ Rented

If rented, Landlord's name: \_\_\_\_\_ Landlord's phone: (\_\_\_\_) \_\_\_\_\_

**Present Employer:** \_\_\_\_\_  
(Name and full address)

☐ Full time ☐ Part time Length of Employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Income \_\_\_\_\_

### **Previous employer (if less than 1 year at present employer):**

\_\_\_\_\_  
(Name and address)

☐ Full time ☐ Part time Length of Employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Income \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### **Spouse Information (Roommate or common law less than 2 years, must fill out own application):**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

☐ Full time ☐ Part time Length of Employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Income \_\_\_\_\_

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

Name: \_\_\_\_\_ M / F Name: \_\_\_\_\_ M / F

Name: \_\_\_\_\_ M / F Name: \_\_\_\_\_ M / F

**A CREDIT CHECK MAY BE DONE - IF YOU HAVE BAD CREDIT, YOU WILL NOT BE APPROVED**

**Credit Reference**

Bank \_\_\_\_\_ Address \_\_\_\_\_

☐ Visa ☐ Master Card ☐ Other \_\_\_\_\_**Personal Reference (Must fill out full mailing addresses)**

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Province: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Province: \_\_\_\_\_

**In Case of Emergency:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Province: \_\_\_\_\_

**Vehicles:**

Make \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

Do you have any pets? ☐ Yes ☐ No If yes, what kind \_\_\_\_\_Do you or any of the other tenants occupying the unit smoke? ☐ Yes ☐ No

I/We, the undersigned, warrant the truth, completeness and accuracy of the foregoing information and hereby authorize and consent to Cascade Realty Services obtaining further information about me/us and to check the information that has been given by me/us. Cascade Realty Services 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 this application will be retained by Cascade Realty Services, should I enter into a rental agreement with Cascade Realty Services, however, it will be destroyed if I do not. This information will only be used for the purpose of reviewing my rental request and follow up of the subsequent rental agreement, and no other purpose.

Signature of Applicant(s)

\_\_\_\_\_

**Incomplete information will result in processing delay or rejection****Office Use Only**

Time Verified \_\_\_\_\_ G Rent on Time G NSF's G Damages G Eviction G Clean

Reason for Leaving \_\_\_\_\_ Would you rent to them again? \_\_\_\_\_

Contact person \_\_\_\_\_ Contact person \_\_\_\_\_

Comments \_\_\_\_\_

Employment Verified \_\_\_\_\_ Contact person \_\_\_\_\_

G Approved G Not Approved Date: \_\_\_\_\_ Signature: \_\_\_\_\_