



HARTSFORD

TENANT APPLICATION

Building:				
Unit #:	When are you looking to move?			
Tenant 1 Details				
Full Name:				
Date of Birth:				
Phone Number:				
Email Address:				
Driver's License #				
Tenant 2 Details				
Full Name:				
Date of Birth:				
Phone Number:				
Email Address:				
Driver's License #				
Current Address				
How long have you lived there?	Years:	Months:		
Street Address:				
City:		Province:		Postal Code:
Landlord Name:				
Landlord Phone:				
Landlord Email:				
Pet				
Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes,	Cat or Dog			
Specify type, breed, & size:		Breed:		Size (lbs):
Vehicle Information				
Do you have a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have 2 vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle info:	Make:		Model:	
	Color:		Plate #:	
Do you have a handicap permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permit #:		

Employment Information					
Tenant 1 - Current Employer:					
Position:					
Employer Phone:					
Length of Employment:	Years:		Months:		
Monthly Income:		Annual Income:			
Tenant 2 - Current Employer:					
Position:					
Employer Phone:					
Length of Employment:	Years:		Months:		
Monthly Income:		Annual Income:			
Retired Information					
Receive (CPP):	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Receive Pension (OAP):	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Receive Employer's Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Emergency Contact					
Name:					
Relationship:					
Phone Number:					
Declaration & Consent					
I declare that the information provided above is accurate and complete to the best of my knowledge. I consent to a credit check and background verification as part of the rental application process.					
Signature:				Date:	
NOTES:					
Send form to: rachel.cardinal@hartsford.com					