



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?

☐ Yes ☐ No

If yes,

Cat or Dog

Specify type, breed, & size:

Breed:

Size (lbs):



Vehicle Information

Do you have a vehicle?

☐ Yes ☐ No

Do you have 2 vehicles?

☐ Yes ☐ No

Vehicle info:

Make:

Model:

Color:

Plate #:

Do you have a handicap permit?

☐ Yes ☐ 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					