

Dear Applicant:

Prior to becoming a Beach Hill resident, we require you to fill out our rental application and submit the following documents in order for us to process your application.

Property Address: 763 Woodbine Avenue, Toronto, ON M4E 2J4 **Suite No:** _____

1. Certified cheque or bank draft made payable to: **Carlyle Communities (Woodbine) Inc.**, in the amount of \$ _____ - **for first and last month's rent. ***Note: we do not accept cash.** Applications process takes 24 - 48 hours. Should your application not be accepted for whatever reason, the full deposit will be returned to you forthwith.***
2. Letter of employment on company letterhead, signed by the appropriate person and dated currently. The letter should state your position, length of employment with this employer, annual salary and status of employment (part-time / full-time, contract). If you cannot provide an employment letter, your personal tax assessment for the most recent tax year, pay stubs or a letter from your accountant.
3. A reference letter from your bank stating your primary account number; type of account and confirmation that this account is operating without any returned payments on record.
4. Current landlord information such as name, company and contact number. If you have been there less than three (3) years, we also require the previous landlord's information, including your past address.
5. Two personal references (not relatives) names, contact numbers and addresses.
6. Upon acceptance of your application, it is mandatory for you to obtain and maintain an adequate tenant insurance package (content/liability insurance coverage), from an insurance provider of your choice and for the duration of your entire tenancy. **Suite keys will NOT be released without a Certificate of Insurance on file.**
7. Once accepted and the Tenancy Agreement executed, you are to provide a VOID CHEQUE for automatic monthly rental payments. This will commence on the first day of the second month of your tenancy.
8. Photo identification such as a passport, driver's licence or health card.

Please note that once you have submitted your completed forms and you change your mind on which suite you wish to rent, our administration fee is \$500.00.

Should you wish to contact us, please call 647-725-6291 or email sarah.usman@berkleypm.ca.

Thank you for applying to **Carlyle Communities (Woodbine) Inc.**

CARLYLE COMMUNITIES (WOODBINE) INC.
c/o BERKLEY PROPERTY MANAGEMENT INC.



**3100 Steeles Avenue West, Suite 100
 Concord, Ontario L4K 3R1¹**

RENTAL APPLICATION

Date: _____ New Application Assignment Sublet Transfer

Bldg.No.	Bldg. Address: 763 Woodbine Avenue, Toronto, Ontario M4E 2J4	Suite No.:	Type:
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NAME OF APPLICANTS FOR TENANCY:

	D.O.B	(dd/mm/yy)		M		F	SIN	(Optional)
(1) _____	_____	_____	<input type="checkbox"/>	M	<input type="checkbox"/>	F	SIN _____	_____
(2) _____	_____	_____	<input type="checkbox"/>	M	<input type="checkbox"/>	F	SIN _____	_____
(3) _____	_____	_____	<input type="checkbox"/>	M	<input type="checkbox"/>	F	SIN _____	_____

NAME OF ADDITIONAL PROPOSED OCCUPANTS (including spouse, where not an applicant and children):

	D.O.B	(dd/mm/yy)		M		F	SIN	(Optional)
(1) _____	_____	_____	<input type="checkbox"/>	M	<input type="checkbox"/>	F	SIN _____	_____
(2) _____	_____	_____	<input type="checkbox"/>	M	<input type="checkbox"/>	F	SIN _____	_____
(3) _____	_____	_____	<input type="checkbox"/>	M	<input type="checkbox"/>	F	SIN _____	_____

I/we understand and agree that if this application is accepted, no person other than those identified above may occupy the premises.

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RENTAL INFORMATION:

Term: _____ year(s)

Date accommodation required: _____

TERM TO COMMENCE FIRST DAY OF _____, 20____ TERM TO END: LAST DAY OF _____, 20____

Total Monthly Rent payable in advance on the first day of each month:

- Where the amount is left blank, or "N/A" is inserted, the item is **not** to be provided as part of the tenancy.

<i>Item</i>	<i>Amount/Month</i>
Total Monthly Rental for first Month's rent:	\$ _____
Underground/Garage/indoor: _____ # of Spaces	\$ _____
Refundable deposit for entry key/Card:	\$ _____
Other: _____	\$ _____
Total Monthly Rent:	\$ _____

Last Month's Rent Deposit (LMR) with this Rental Application: \$ _____

A Pro-Rated Rent of \$ _____ is payable in advance to cover the period from _____, 20____ to _____, 20____

The Applicants agree to pay for the following services and facilities applicable to the Rented Premises and to provide written confirmation from application utilities prior to commencement lease that utilities are in of Applicants name(s): or to pay the Landlord as a reimbursement of charges paid on my behalf for each of the following services applicable to the rented premises:

Electricity / Hydro	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Hot Water Heater Rental	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Air Conditioner	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Gas	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Cable/Satellite TV	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Other [_____]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other [_____]	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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APPLICANT’S PARTICULARS: [Must be completed in full before application will be considered]

	Applicant (1)	Applicant (2)	Applicant (3)
Name			
Present Address Street Address/City			
Province/Postal Code			
Present Monthly Rent			
Length of Occupancy			
Reason for Leaving			
Home Phone			
Cell Phone			
Email Address			
Landlord’s Name			
Landlord’s Phone No.			
Proof of Identification			
Prior Address (if less than 3 years)	Applicant (1)	Applicant (2)	Applicant (3)
Previous Address Unit/ Street Address			
Province/Postal Code			
Monthly Rent			
Length of Occupancy			
Reason for Leaving			
Landlord’s Name			
Landlord’s Phone No.			
Employment	Applicant (1)	Applicant (2)	Applicant (3)
Employer #1: Name & Address			
Occupation			
No. Of Years			
Annual Income			
Employer’s Address			
Employer’s Telephone			
If employment less than 3 years, provide information of previous employers and occupation to total 3 years:			
Employer #2: Name & Address			
Occupation			
Dates of Employment			

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Credit Information	Applicant (1)	Applicant (2)	Applicant (3)
Primary Bank [Name, Branch]			
Account Type & No.	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust Acct. No: _____	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust Acct. No: _____	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust Acct. No: _____
Secondary Bank [Name, Branch]			
Account Type & No.	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust Acct. No: _____	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust Acct. No: _____	<input type="checkbox"/> chq <input type="checkbox"/> sav <input type="checkbox"/> trust Acct. No: _____

Spouse's Employer			
Address			
Spouse's Income			
Vehicle Information	Applicant (1)	Applicant (2)	Applicant (3)
Driver's Licence			
Make of Vehicle			
Model and Year			
Vehicle Licence No.			
References [Must be completed in Full]			
#1: Name			
#1: Address			
#1: Telephone			
#2: Name			
#2: Address			
#2: Telephone			



BANKING INFORMATION
(To be Completed by Your Bank)

The following information is required for rental purposes:

Address: 763 Woodbine Avenue Suite No.: _____

Affix Bank Stamp Here:

We hereby confirm that _____ has a
(savings/chequing) account # _____ at
(bank) _____, (transit) _____
and is in good standing as of (date) _____.

There have been returned cheque(s) YES NO LAST DATE: _____

The above noted customer has a loan at this branch in the amount of \$ _____ (monthly
payments of \$ _____) which is being paid as agreed. YES ___ NO

This account has been opened since _____.

Bank Employee's Signature: _____

Bank Employee's Name: _____

Bank Employee's Title: _____

Contact Number: () _____ **Ext.:** _____

CURRENT LANDLORD REFERENCE

This form must be completed by the Landlord/Agent ONLY.
This form WILL NOT be accepted if signed by anyone other than the Landlord/Agent.

Lease Holder's Name(s) _____

Residential Address _____

Contact #: _____ Email: _____

Landlord's Address (if different from residential address) _____

Additional Occupants: Children _____ Adults _____

Move in Date: _____ (mm/dd/yy) Monthly Rent: \$ _____

Parking Included: Yes No Utilities Included: Yes No

Length of Notice Provided: 30 Days _____ 60 Days _____ other: _____

Does the tenant(s) have a pet: Yes No If yes, Dog _____ Cat _____, Other _____

Have any cheques been returned by the bank? Yes No

Has the Tenant ever been late in paying rent? Yes No

Have you received any complaints on this Tenant? Yes No

Have you taken any legal proceedings against the tenant(s)? Yes No

Name of Landlord/Agent _____

Telephone (office) _____

Contact Person _____

Position _____

Dated this _____ day of _____, 20_____

Signature of Landlord/Agent _____

Thank you.



Berkley Property Management Inc.
647-725-6291

**APPLICANT'S CONSENT TO THE COLLECTION AND LIMITED USE
OF PERSONAL INFORMATION
(Residential Lease)**

To: Berkley Property Management Inc. (referred to as "**Berkley**")

Re: Consent to the collection and limited use of personal information

For the purpose of facilitating compliance with the provisions of any applicable Federal and/or Provincial privacy legislation (including, without limitation, the *Personal Information and Protection of Electronic Documents Act (Canada) [PIPEDA]*, the undersigned hereby consents to Berkley's collection and use of the undersigned's personal information necessary and sufficient to enable Berkley to assess the credit worthiness and suitability of the undersigned's offer to lease, lease, or lease or indemnification, as the case may be (the "**Lease Documentation**" with respect to leasing the premises at **763 Woodbine Avenue, Suite: _____** (the "**Premises**"), including, without limitation, the undersigned's name, home address, email address, telephone number facsimile number, age, date of birth, business history, credit history and financial information and in respect of social insurance number only for the limited purpose described in subparagraph (f) below and the disclosure and/or distribution of any or all of such personal information to the following entities, on the express understanding and agreement that Berkley Property Management Inc. shall not sell or otherwise provide or distribute such personal information to anyone other than the following entities, namely to:

- (a) The landlord of the Premises (the "**Landlord**") to enable the Landlord to assess the credit worthiness and suitability of the undersigned in connection with the Lease Documentation;
- (b) Credit rating agencies, to facilitate the assessment of the undersigned's credit worthiness in connection with the Lease Documentation;
- (c) Berkley or the Landlord's solicitor, to facilitate the preparation, negotiation and completion of the Lease Documentation and the lease transaction;
- (d) Former and present employers of the undersigned, former and present landlords of the undersigned and former and present banking institutions of the undersigned, to check references of the undersigned in support of the Lease Documentation;
- (e) Any real estate agent or broker involved with the lease of the Premises, to facilitate the preparation, negotiation and completion of the Lease Documentation and the lease transaction;
- (f) Canada Customs & Revenue Agency, to whose attention the T-5 interest income tax information return and/or the NR4 non-resident withholding tax information return is submitted (where applicable), which will contain or refer to the undersigned's social insurance number as required by Regulation 201 (1)(b)(ii) of the *Income Tax Act (Canada)*; and
- (g) Any persons, where the undersigned further consents to such disclosure or disclosures required by law.

Dated the _____ day of _____, 20_____.

Print Name

Signature

Print Name

Signature

Print Name

Signature