

PLEASE PRINT AND COMPLETE ALL SECTIONS ON BOTH SIDES OF THIS FORM TO BE CONSIDERED.

**** Each applicant must complete a separate form ****

Landlord/Landlord's Agent: **SORAH Project Ltd.** Phone: (403) 452-6606
 132 - 16 Ave NE Fax: (403) 452-6447
 Calgary, Alberta T2E 1J5 Email: info@sorah.ca

Address of desired property: _____ **Move In Date:** _____

Total # of people to occupy the premises: _____ Adults (18+) _____ Children (4-17) _____ Infants (0-3)

PERSONAL INFORMATION	
Full name: _____	Home Phone #: _____
Date of Birth: _____	Work Phone #: _____
S.I.N. #: _____	Cell Phone #: _____
Treaty Card # _____	Do you have pets? _____
Email: _____	Do you smoke? _____

RESIDENCE HISTORY	
CURRENT Address: _____	
City/Province: _____	Move-in date: _____
Landlord's Name: _____	Current Rent \$: _____
Other details: _____	Landlord's Phone #: _____
PREVIOUS Address: _____	
City/Province: _____	Move-in date: _____
Landlord's Name: _____	Move-out date: _____
Landlord's Phone #: _____	Rent Paid \$: _____
Other details: _____	Why did you move? _____

EMPLOYMENT HISTORY	
CURRENT Employer: _____	
Address / City / Prov: _____	Date you were hired: _____
Supervisor's name: _____	Your Current Position: _____
Supervisor's Phone#: _____	Monthly take home \$: _____
PREVIOUS Employer: _____	
Address / City / Prov: _____	Date you were hired: _____
Supervisor's name: _____	Date that you left: _____
Supervisor's Phone#: _____	Monthly take home \$: _____
	Your position there: _____

FINANCIAL / CREDIT INFORMATION
OTHER INCOME: Other than the employment listed above, do you have any other sources of income? Please detail below (ex: disability, spousal support, self-employment)

BANK INFORMATION: Where do you bank? Please provide details:
 Bank Name: _____ Branch: _____ Acct #: _____

PERSONAL REFERENCES & CONTACTS

Please list two individuals (excluding family) to contact to verify information and for character reference:

Name: _____ Phone #: _____ Relationship: _____ Known how long: _____

Name: _____ Phone #: _____ Relationship: _____ Known how long: _____

Please provide an Emergency Contact Person:

Name: _____ Phone #: _____ Relationship: _____

TERMS TO BE INCLUDED IN THE LEASE / RENTAL AGREEMENT:

1. Tenants shall be only those adults/children/infants designated in this application, as approved by the Landlord.
2. No pets of any kind are allowed unless written permission is given by the Landlord, and a Pet Application is completed by the applicant, and approved by the Landlord in writing.
3. A Renter's Insurance Policy, including standard liability coverage, is mandatory. The tenant must also insure their own property against damage or loss, as the Landlord does NOT insure against loss of Tenant's belongings.
4. Post-dated cheques for the rent covering every month in the Lease Term are required prior to key release.

Circle YES or NO in response to each of the following questions:

- | | | |
|---|-----|----|
| 1. Have you ever been evicted from a rental property? | YES | NO |
| 2. Have you ever wilfully/intentionally refused to pay rent when due? | YES | NO |
| 3. Have you ever filed for bankruptcy or an orderly payment of debt? | YES | NO |

** If you are applying to reside with other tenants, please provide their name(s) so that we may process your applications together (all applicants must complete a separate application form):

ADDITIONAL INFORMATION

Any additional information you think that will help us process your application (use additional paper if required)

I hereby represent the above information to be true and complete, and hereby authorize SORAH Project Ltd. and/or its agent(s) or representative(s) to verify any and all information by contacting references and contacts listed above, and to obtain and/or share credit information from and/or with applicable credit bureau(s) and related organizations now or in the future, as required in connection with this application and any future agreements entered into. Applicant authorizes present & past landlords, employers, credit grantors, references, and any other person(s) to release information applicable in the processing of this application.

Signature of Applicant

Today's Date

Printed name of Applicant

**All applicants MUST
complete a separate
application form**

To process immediately, complete this form and fax back to (403) 452-6447.