



Outpost Apartment Rental Application

Once complete, send to info@outpostnorth.ca.

Application for:

Date Required _____

The following information is strictly confidential

Name of Applicant #1

Present Address

Telephone

Dependants

Relationship to Co-Applicant (if applicable)

Name of Applicant #2

Present Address

Telephone

Dependants

Relationship to Co-Applicant (if applicable)

Total Number of Unit Occupants _____ (Maximum of 2)

Tenant Information

Present Landlord's Name Applicant #1

Phone

Address

How Long

Previous Landlord's Name Applicant #2

Phone

Address

How Long

Employment

Applicant #1

Occupation

Name of Present Employer

Phone

Address of Employer

How Long

Applicant #2

Occupation

Name of Present Employer

Phone

Address of Employer

How Long

Annual Gross Income (Combined) \$ _____

Personal References Applicant #1

Name	Address	Phone	Relationship
_____	_____	_____	_____

Name	Address	Phone	Relationship
_____	_____	_____	_____

Personal References Applicant #2

Name	Address	Phone	Relationship
_____	_____	_____	_____

Name	Address	Phone	Relationship
_____	_____	_____	_____

CONDITIONS

No pets are accepted in this building.

No smoking of tobacco and/or marijuana at anytime in the units, common areas and near entryway doors.

No hydroponics, greenhouses or growing of marijuana of any kind are permitted.

In connection with my application for tenancy, I hereby consent that the Landlord contact my references as provided.

_____	_____
Applicant	Date

_____	_____
Applicant	Date