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## Pre-Viewing Questionnaire - BRENNAN AVE. UNIT 3, SUMMERSIDE

*ALL fields must be completed and ALL information must be provided in order to schedule a showing.  
Falsifying any information on this form will result in the immediate rejection of a subsequent rental application.*

Full legal name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Do you currently rent or own? (If other please explain) \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Why are you looking to move? \_\_\_\_\_

\_\_\_\_\_

Date you want to start a lease? \_\_\_\_\_

Number of adults / children who will be living in the rental?

Adults \_\_\_\_\_ Children \_\_\_\_\_

Full legal names of other proposed occupants \_\_\_\_\_

\_\_\_\_\_

If you have pets provide details \_\_\_\_\_

Total amount of monthly NET income to pay the rent (total for ALL proposed occupants) \_\_\_\_\_

Source(s) of that income \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_