



PO Box 20143 • Charlottetown, PE C1A 9E1
www.rpminc.ca • info@rpminc.ca
(902) 393-2263

Pre-Viewing Questionnaire - MARKET ST. UNIT 1, 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 _____