



# RENTAL APPLICATION

PO BOX 20143, CHARLOTTETOWN, PE C1A 9E1 • 902.393.2263 • www.rpminc.ca • info@rpminc.ca

A rental application must be submitted for every adult applying to rent and live in the unit. Falsifying any information on this application will result in the immediate rejection of the application. By signing and submitting this application, you hereby grant permission and are aware that landlord references, personal references, employment verifications and a credit report may be obtained in the processing of this application. An Island Regulatory and Appeals Commission (IRAC) lease is required for all rental units. The Lessor and/or agent for the Lessor reserves the right to reject this application and to refuse possession of the accommodation listed below. Current Renter's Insurance is required for all Lessees renting one of our properties.

## INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

MANDATORY FIELDS  
MARKED WITH  
\*ASTERISK

\* PREFERRED LEASE  
START DATE  
Day/Month (dd/mm)

\* FULL LEGAL NAME (FIRST, MIDDLE, LAST)  
AS SHOWN ON ID,  
NO NICKNAMES

\* ADDRESS OF UNIT YOU ARE APPLYING TO RENT

\*Email \_\_\_\_\_ \*Phone \_\_\_\_\_ \*Do You Currently:  RENT \* or  OWN or  OTHER \_\_\_\_\_  
\*SEE BELOW

\*Current FULL ADDRESS Civic # \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Province / State \_\_\_\_\_

\*Driver's Licence # \_\_\_\_\_ or  \*Photo ID # \_\_\_\_\_ \*Date of Birth (Day / Month / Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ANY OTHER PROPOSED OCCUPANTS? Name / Relationship / Age \_\_\_\_\_

Name / Relationship / Age \_\_\_\_\_

Name / Relationship / Age \_\_\_\_\_

PETS?  YES  NO  
Type/Size/Age: \_\_\_\_\_  
If more than one: \_\_\_\_\_

### IF YOU'RE CURRENTLY RENTING:

CURRENT Lease Dates: From (Month, Year) \_\_\_\_\_ to (Current Lease Expiry Date) \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

CURRENT Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for moving? \_\_\_\_\_

### IF AT CURRENT RENTAL LESS THAN 1 YEAR:

PREVIOUS FULL ADDRESS Civic # \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Province / State \_\_\_\_\_

PREVIOUS Lease Dates: From (Month, Year) \_\_\_\_\_ to (Previous Lease Expiry Date) \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

PREVIOUS Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for moving? \_\_\_\_\_

### YES I'M CURRENTLY EMPLOYED IF NO \*SEE SECTION BELOW IF SELF EMPLOYED \*SEE SECTION BELOW

FULL TIME  PART TIME  OTHER \_\_\_\_\_  YEAR ROUND  SEASONAL  OTHER \_\_\_\_\_

Current Employer (Company) Name \_\_\_\_\_ Town \_\_\_\_\_ Province/State \_\_\_\_\_

Employed Since (Month, Year) \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

HR or Current Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

\*IF AT CURRENT JOB LESS THAN 1 YEAR or NO CURRENT JOB: Previous Employer (Company) Name \_\_\_\_\_ Town \_\_\_\_\_ Province / State \_\_\_\_\_

Position \_\_\_\_\_ Dates: From (Month, Year) \_\_\_\_\_ to (Month, Year) \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

HR or Previous Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

IF APPLICABLE:  FULL TIME  PART TIME  OTHER \_\_\_\_\_  YEAR ROUND  SEASONAL  OTHER \_\_\_\_\_

SPOUSE'S EMPLOYMENT: Current Employer (Company) Name \_\_\_\_\_ Town \_\_\_\_\_ Province/State \_\_\_\_\_

Employed Since (Day, Month, Year) \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

HR or Current Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### \*SELF EMPLOYMENT: \* MUST PROVIDE PROOF OF INCOME \*

(PLEASE STATE MONTHLY INCOME) Company Name \_\_\_\_\_ Town \_\_\_\_\_ Province/State \_\_\_\_\_

Owned Since Year \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Type of Proof of Income Included: \_\_\_\_\_

### OTHER MONTHLY INCOME TO BE CONSIDERED: \* MUST PROVIDE PROOF OF INCOME \*

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_ Contact Name & Phone (For Verification) \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_ Contact Name & Phone (For Verification) \_\_\_\_\_

### PERSONAL REFERENCES (PROVIDE 2): (NOT FAMILY MEMBER, CO-APPLICANT, CO-APPLICANT FAMILY MEMBER, LANDLORDS, OR OTHER REFERENCE ALREADY INCLUDED)

REFERENCE #1: Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_

REFERENCE #2: Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_

EMERGENCY CONTACT: Name / Relationship / Phone # \_\_\_\_\_

I hereby warrant that all information I have set forth on this Rental Application is true.

SIGNATURE OF APPLICANT(S) \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_