



#202, 150 Edwards Way NW  
 Airdrie, AB T4B 4B9  
 Phone: 403-948-0337

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# RENTAL APPLICATION FORM

**One application must be filled out by each Tenant in full,  
 or applications will not be considered.**

Rental Address Suite # \_\_\_\_\_, \_\_\_\_\_ City \_\_\_\_\_

Term \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Proposed Move-In Date \_\_\_\_\_

Parking (if applicable):  Underground  Exterior      Pets: \_\_\_\_\_ (approval attached)

NAME IN FULL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
year/month/day

Contact Phone # \_\_\_\_\_ or \_\_\_\_\_ Email: \_\_\_\_\_

Other Occupant(s): \_\_\_\_\_ (name) Relationship: \_\_\_\_\_  
 (under the age of 18) \_\_\_\_\_ (name) Relationship: \_\_\_\_\_  
 \_\_\_\_\_ (name) Relationship: \_\_\_\_\_

CURRENT Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Length of Tenancy \_\_\_\_\_  
street address city postal code  
 Current Landlord Name/Company \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Length of Tenancy \_\_\_\_\_  
street address city postal code  
 Previous Landlord Name/Company \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Phone # \_\_\_\_\_

CURRENT Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Length of Employment \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Length of Employment \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_

**REFERENCES:**  
 1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone # Relation  
 2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone # Relation

DRIVERS LIC # \_\_\_\_\_ Province \_\_\_\_\_ SIN # \_\_\_\_\_

In Case of Emergency: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_ Address \_\_\_\_\_

Comments: \_\_\_\_\_

I/We hereby certify that all statements made in this application are true and I/we hereby authorize the Landlord to conduct a personal investigation/credit check and to contact any person identified in this Rental Application. I understand and acknowledge that if the application information provided is incorrect Astoria Asset Management Ltd. may at its option elect to terminate my tenancy agreement upon thirty days written notice. **I/We hereby acknowledge that there are no pets allowed on these premises without written authorization from the Landlord.** In order for Astoria to comply with federal and/or provincial privacy legislation, I/we understand that all personal information collected from me/us may be collected, used and disclosed by Astoria for the purpose of my/our application assessment, for the purpose of debt collection, to uphold and maintain the rules and regulations of the property, to evaluate my/our tenancy, to comply with applicable law and in the ordinary course of Astoria's business, including, but not limited to, any refinancing or potential sale of the property.

Prospective Tenant Signature \_\_\_\_\_

**REQUIRED**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

OFFICE USE ONLY	INITIALS
APPROVED	
DENIED	
DATE	