

ROYAL YORK APARTMENTS

2 Royal York Road, Toronto, Ontario M8V 2S6
T: 416-255-3359 F: 416-255-4962 e: 2royalyork@rogers.com www.royalyorkapartments.com

WELCOME TO ROYAL YORK APARTMENTS

Dear Applicant;

Thank you for your interest in residing at Royal York Apartments. Please provide us with the following information to ensure the timely processing of your Rental Application.

1. A reference letter from your landlord with a contact name and telephone number.
2. A reference letter from your banking institution (see attached form).
3. A reference letter from your employer stating start date, salary and employment location.
4. Photo identification, e.g. Driver's License, Passport, Metro Pass.
5. A Certified Cheque or Money Order equal to 2 months rent is required, first and last month. Should your application not be chosen, it will be returned to you.
6. Toronto Hydro request for service (attached).

The above information is requested on or before _____.
If the information is not received within that time, we assume you are no longer interested in proceeding with your application. All information is kept confidential.

Apartment Insurance

You will be requested to show a copy of you apartment insurance. You may obtain apartment insurance through any insurance company. Please note that apartment keys may not be issued until the above information is provided.

Landlord/Agent Signature

Applicant Signature

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BANKING INFORMATION PROVIDED BY YOUR BANK

The following information is required for rental purposes of Bldg# _____, Suite # _____.

Name of banking institution: (Bank Stamp)

Branch: _____

We hereby certify the balance of account# _____

In the name of: _____

Their address listed with us is: _____

Balance at this branch at the close of business on _____

was \$ _____.

Account opened (date): _____.

There have been No Yes returned cheques.

The above customer has a loan at this branch. Monthly payments for the loan

are \$ _____.

Manager

Officer In Charge

RENTAL APPLICATION dated _____

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TO: ROYAL YORK APARTMENTS (Landlord)
2 ROYAL YORK RD TORONTO ON M9V 2S6 (Address)
(Street No.) (Street) (City) (Province) (Postal Code)

1. APPLICANT(S)	PRESENT ADDRESS				
(1)	Name	Apt. No.	Street	City	Postal Code
(2)	Name	Apt. No.	Street	City	Postal Code

TELEPHONES: Home _____ Business _____
 Mobile _____ EMAIL: _____@_____

2. RENTAL PREMISES APPLIED FOR: _____ UNIT TYPE _____
 Suite No. _____ Address: ROYAL YORK ROAD City TORONTO
 Parking privileges required for _____ private automobile(s): Outside _____ Underground _____ Covered _____ Garage _____
(specify number of spaces in each category)

NOTE: NO DOGS, CATS, OR OTHER PETS OR ANIMALS ALLOWED
 Applicant's Signature(s) re: NO PETS

3. PROPOSED OCCUPANT(S):	DATE OF BIRTH (D/M/Y)	NAMES	DATE OF BIRTH (D/M/Y)

Term to commence _____ Term to end _____
 Date accommodation required _____

4. (i) RENTAL INFORMATION: [Includes discount specified in 4(ii)]		RENTAL INCENTIVE
Monthly Rental	\$ _____	If the Rented Premises are subject to a rental discount, the amount of the discount shall be \$ _____ which shall be given as follows: _____ _____ A Pro-Rated Rent of \$ _____ is to be paid in advance to cover the period from _____ Date to _____ Date
Parking	\$ _____	
Air Conditioner	\$ _____	
Appliances	\$ _____	
Additional services _____	\$ _____	
Additional services (specify) _____	\$ _____	
TOTAL MONTHLY RENTAL	\$ _____	

The Applicants agree to pay for the following services and facilities applicable to the Rented Premises and to provide written confirmation from applicable utilities prior to commencement of lease that utilities are in Applicants name(s):

	Specify Yes or No
Electricity	Yes
Water	No
Gas	No
Heat	No
Water Heater Rental	No
Cable TV	Yes
Other: _____	_____
	Specify

4. (iii) SUMMARY OF MONIES TO BE PAID		Contract Deposit received with this Rental Application
Total Monthly Rental for first month's rent	\$ _____	\$ _____
Pro-Rated Rent	\$ _____	
Contract Deposit	\$ _____	
Refundable deposit for entry key/card	\$ _____	
TOTAL	\$ _____	

I/We hereby certify the information provided above and on the reverse of this form (Applicant's Particulars) to be true. I/We agree that upon acceptance of this Rental Application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement incorporating the above terms into the Landlord's usual form which I/We have been given the opportunity to review, in which event the Contract Deposit shall be deemed to be a Rent Deposit and applied towards the rent of the last month's occupancy. IF I/WE SHOULD FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE CONTRACT DEPOSIT SHALL BE FORFEITED.

If the Landlord is unable to give possession of the rented premises on the date of commencement of the term for any reason, the Landlord shall not be subject to any liability to the Applicants and shall give possession as soon as the Landlord is able to do so. The rent shall abate until possession of rented premises is offered by the Landlord to the Tenant. Failure to give possession on the date of commencement shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenant or in any way be construed to extend the term of this Tenancy Agreement. In the event that a Tenancy Agreement is entered into, this Rental Application by the terms of clause 27 of the Tenancy Agreement will be deemed to form part of the Tenancy Agreement. Any omission or misstatement by the Applicants in this Rental Application may result in the termination of your tenancy by the Landlord even after occupancy has been taken.

The Applicant hereby gives permission to the Landlord or his Agent to use the information collected herein to obtain a consumer report; to contact employers, previous landlords, references; to contact agencies that provide landlord information; to enforce the terms of any Tenancy Agreement that may be subsequently entered into with the Applicant; or to reasonably use it otherwise to assess this Rental Application. It is agreed that where this Application is rejected, the Landlord shall not be required to give reasons therefor.

(Witness) (Applicant 1)

(Witness) (Applicant 2)

ACCEPTANCE: The Landlord hereby accepts this Rental Application/Offer to Lease for the Rented Premises as herein described.

(Date) (Landlord or Agent)

APPLICANT'S PARTICULARS

APPLICANT 1

APPLICANT 2

Present Landlord's Name		
Present Landlord's Address		
Present Landlord's Phone Number		
Years lived at present address?:		
What is your previous address?		
Years lived at previous address?		
Name of Previous Landlord		
Address of Previous Landlord		
Phone # of Previous Landlord		
Employer's Name		
Address		
Telephone		
Length of Employment		
Occupation		
Annual Income		
Previous Employer's Name		
Previous Employer's Phone		
Length of Employment		
Name of Bank		
Branch		
Account Number(s) and Type		
Other Income or Assets (Please Specify)		
Year, Make and Colour of Auto		
Licence No. (Auto)		
Driver's Licence No.		
Social Insurance No.		
Date of Birth (D/M/Y)		
Photo ID Provided (specify type)		

REFERENCES: Two personal (other than relatives) and one credit other than the aforementioned Bank. Must be completed in full.

NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		

IN CASE OF EMERGENCY, Contact next of kin:

NAME		
ADDRESS		
PHONE		
RELATIONSHIP		

I/We certify that the above information is complete and correct.

.....
(Witness)

.....
(Applicant 1)

.....
(Witness)

.....
(Applicant 2)

Toronto Hydro
5800 Yonge St
Toronto, Ontario
M2M 3T3

Fax# 416-542-3452
Tel #416-542-8000

Please fill out the information for the new tenant **in full** for billing purposes:

New Tenant Information

Name: _____

Address: _____

Move-in Date: _____

Residence Telephone#: _____

Business Telephone #: _____

Employer: _____

Drivers License#: _____

Date Of Birth (dd/mm/yy): _____

Previous Address: _____

Tenant's Signature: _____

Property Owner Information

Property owner contact name: Alexandra Griwkowsky

Property owner telephone #: 416-255-3359

Property owner fax: 416-255-4962

Please ensure this form is completed; if you have any questions or concerns, please contact Toronto Hydro Monday to Friday between 8:00 am and 4:30 pm.

Thank you,
Toronto Hydro-Electric Systems Limited