

Main Contact Person: _____
(Please insert name of main applicant in charge of securing rental)

Unit(s) of Interest: _____
(Please insert booking ID / web reference #s from unit ad - limit to 5)

Note: Separate applications must be completed by all unrelated adults applying to reside in the same premises (limit 3).

Note: Please do not complete this application until you have a unit(s) of interest to include above, otherwise application will NOT be processed.

Application (today's) date: _____

- APPLICATION WILL BE DISCARDED IF NOT COMPLETED IN FULL -

PEKA Professional Property Management Ltd.

**#105, 1002 - 8th Avenue
Canmore, AB T1W 0C4**

Phone: 403.678.6162
Website: www.peka.ca

Fax: 403.678.4990
Email: info@pekamanagement.ca

CONFIDENTIAL APPLICATION FOR TENANCY

CONTACT INFO

Name: _____

Birthdate: _____
(month/day/year)

Phone: _____
(home) (work) (cell)

I am of legal age (18 or over)

Email: _____

Emergency/alternate contact: _____

Phone: _____

CURRENT RESIDENCE

Address: _____
(street) (city/town) (province/state)

Owned home for _____ years

Monthly payment: \$ _____

Rent (complete information below)

Current landlord: _____

Phone: _____

Length of tenancy: ___ yrs ___ mos Rent p/month \$ _____

Utilities included? Yes
 No

Previous landlord: _____
(if current landlord less than 3 years)

Phone: _____

EMPLOYMENT

Company: _____

Your Title: _____

Contact person: _____

Phone: _____

Length of Employment: ___ yrs ___ mos

Salary: \$ _____
(gross monthly income)

Previous employer: _____
(if current employer less than 3 years)

Phone: _____

PLEASE PROCEED TO PAGE 2

RENTAL REQUIREMENTS

Rental required: Immediately; OR _____
(start month)

Bedrooms required: _____
(number)

UNFURNISHED (w/specified appliances)
 FURNISHED (furniture only)
 FULLY FURNISHED (pots/pans, etc)

Rental preference: No Preference House Apt (condo) Twnhse (condo) Lower Suite

Rent: \$ _____ \$ _____
(min) (max)

Location: _____
(preferred area of town)

Smoker: Yes No

Additional occupant(s) Age Relationship Planning roommates: Yes No

(if yes, separate applications are required - please submit together - list "Main Contact Person" on top Pg 1)

PETS

Have a pet(s)? No Yes ▶

DOG CAT

Breed	Age	Weight

(contact name for pet reference)

(relationship)

(phone number or email address)

Additional info you would like us to know: _____

I acknowledge/agree/consent::

- The information I have provided will be used to verify my references and assess my suitability as a PEKA tenant
- I will provide personal identification (minimum 2 pieces / 1 photo) upon lease signing, if applicable
- Application information may be used to pursue any funds owed to PEKA/Owner including disclosure of personal information to a collection agency to pursue delinquent funds
- There is no charge for this tenancy application and/or our service - **PEKA represents the Owner**
- All PEKA rental units are "NO SMOKING" and "NO PETS" (unless pet approved by owner/condominium)
- PEKA is a licensed real estate brokerage with the Real Estate Council of Alberta (RECA)
- PEKA will only contact those applicants which have been approved and for whom we are able to offer rental(s) that meet their listed requirements
- My application will be confidentially maintained on file with PEKA for a period of three (3) months

I hereby certify that all statements made in this application are true and hereby grant PEKA permission to contact any/all persons listed above for the purpose of reference verification.

Signature of applicant: _____ Date: _____
(type in name in lieu of signature)

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Reference comments: _____ Checked: Yes No

Agent: _____ Date: _____ Approved: Yes No