



## WOHLSEIN RENTAL

### Applicant Information

Name:		Phone:
Current address:		
City:	Province:	Postal Code:
Own   Rent   (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	Province:	Postal Code:
Own   Rent   (Please circle)	Monthly payment or rent:	How long?

### Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly   Salary   (Please circle)	Annual Income:

### Emergency Contact

Name of a person not residing you:		
Address:		
City:	Province:	Postal Code:
Relationship:		

### Co-applicant Information

Name:		Phone:
Current address:		
City:	Province:	Postal Code:
Own   Rent   (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	Province:	Postal Code:
Own   Rent   (Please circle)	Monthly payment or rent:	How long?

### Co-applicant Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly   Salary   (Please circle)	Annual Income:

### References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of applicant:	Date:

