



## 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:

