

EZZE RENT TO OWN

Calgary, Alberta

Phone: 403-239-3642/888-716-9399

Fax: 403-208-0082/888-711-6801

EACH APPLICANT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed.

Address you are applying for: _____

Date of desired occupancy: _____

How much of a down payment can you raise? _____

What monthly budget are you trying to work within for your house payment? _____

Is your credit, good, fair, or ugly? _____

YOUR PERSONAL INFORMATION

Full Name _____ E-Mail address: _____

Phone _____ Work Phone _____ Cell Phone _____

Social Insurance Number _____ D.O.B: month _____ Day _____ Year _____

Drivers License _____ Province: _____

Present Address _____

City _____ Province: _____ Postal Code _____

How Long? _____ If renting, Apartment name/location _____ Current Payment: \$ _____

Landlord/mgr's name _____ Phone: _____

Employer #1: _____ Position: _____ How Long? _____

Address _____ Phone: _____

Gross Monthly Income before deductions: \$ _____

Will You Provide Last Year's Notice of Assessment from Your Tax Return to Verify Income? _____

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application.

Applicant _____

Date _____