



APPLICATION FOR RENTAL ACCOMMODATION

ACCOMMODATION INFORMATION

Building: **River Gate**

Address: **23107 – 79 Ave**

Type Requested: 1 Bedroom 2 Bedroom

Date Requested: ____/____/____
DAY MONTH YEAR

Number of Occupants: _____

APPLICANT INFORMATION (APPLICANT 1)

Name: _____
FIRST MIDDLE INITIAL LAST

Current Address: _____

Phone: Home: _____ Work: _____

SIN: _____

Date of Birth: _____

Employer: _____ Address: _____

Supervisor: _____ Phone: _____

Occupation: _____ Wage: _____

Rental History

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

APPLICANT INFORMATION (APPLICANT 2)

Name: _____
FIRST MIDDLE INITIAL LAST

Current Address: _____

Phone: Home: _____ Work: _____

SIN: _____

Date of Birth: _____

Employer: _____ Address: _____

Personal Information contained in this application will be used in the administration of rental accommodation approval. The applicant's personal information collected in this document will be used in accordance with Alberta's Personal Information Protection Act and other applicable laws. Inquires about the handling of personal information by a private-sector organization operating in Alberta should contact the Office of the Information and Privacy Commissioner for Alberta by Phoning 1 888 878 4044.

Supervisor: _____ Phone: _____

Occupation: _____ Wage: _____

Rental History

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I hereby consent to the collection of the above information for the purposes of rental accommodation approval. All information provided in this application is correct.

Signature (Applicant 1)

Signature (Applicant 2)

Date

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