



Eden Shield Group
Edenshieldgroup.com
Tel: 613-532-2672, e-mail: info@edenshieldgroup.com

RESIDENTIAL RENTAL APPLICATION

Once complete, please send to info@edenshieldgroup.com

THE PROPERTY

Street Address: _____

City: _____ Province: _____ Postal Code: _____

TENANCY

Desired Lease Length: _____ Desired Start Date: _____

APPLICANT DETAILS

Full Name: _____ Year of Birth: _____

Current Address: _____

Phone: _____ E-Mail: _____

Other Occupant(s) Name(s): _____

Will you have pets during your tenancy? Yes No

Is Parking Required? Yes No

Have you Ever Been Convicted of a Crime? Yes No

Have you Ever Filed for Bankruptcy? Yes No

Have you Ever Been Evicted? Yes No

Are you a Student or Professional ?

If Student, which program are you in? _____ Which year? _____

Reason for Moving: _____

Previous Landlord Contact Info: _____

CURRENT EMPLOYMENT

Company: _____ Occupation/Title: _____

Monthly Income: _____ Length of Employment: _____

