



COG Developments Inc.
 "Community Oriented Groundbreakers"

1-782-232-6883
 rent@cogdevelopments.ca

RESIDENTIAL RENTAL APPLICATION FORM

ALL APPLICATIONS WITH FALSIFIED INFORMATION WILL NOT BE CONSIDERED

FOR OFFICE USE ONLY		
Date Needed: _____	Size Needed: _____	Monthly Rent (\$): _____
Property: _____	Apartment #: _____	Lease Term: _____
Leasing Consultant: _____		

COG DEVELOPMENTS INC is dedicated to a policy of non-discrimination in Real Estate housing on any basis including race, creed, age, sex, religion, national origin, or sexual orientation.

COG DEVELOPMENTS WILL REPLY TO ALL APPLICANTS.

PERSONAL INFORMATION		
Applicant's First Name: _____	Last Name: _____	Middle Initial: _____
Date of Birth (MM/DD/YYYY): _____	Social Insurance No.: _____	
Driver's License No./Province: _____ / _____ <i>(Please attach copy)</i>		
Spouse's First Name: _____	Last Name: _____	Middle Initial: _____
Date of Birth (MM/DD/YYYY): _____	Social Insurance No.: _____	
Driver's License No./Province: _____ / _____ <i>(Please attach copy)</i>		

Full Names of All Other Residents	Relationship to You	Date of Birth

How Many Pets Do You Or Other Occupants Own?* _____

Kind of Pet(s), Breed, Weight and Age: _____

****Notice: Pet Restrictions apply. Please ask a consultant or manager for more information on pet restrictions, pet fees, pet deposits, etc. Anyone harbouring an unauthorized pet may be subject to fines and/or found in violation of the lease agreement thereby jeopardizing residency and subject to damage charges.***



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RESIDENCE HISTORY

Full Current Address: _____

Dates Occupied: From _____ To _____ Monthly Payment (\$): _____

Present Landlord or Mortgage Co.: _____ Telephone: (____) ____ - ____

Reason For Moving: _____

Full Previous Address: _____

Dates Occupied: From _____ To _____ Monthly Payment (\$): _____

Present Landlord or Mortgage Co.: _____ Telephone: (____) ____ - ____

Reason For Moving: _____

EMPLOYMENT INFORMATION

Present Status (Check): Employed Full-Time Part-Time Unemployed Retired Student

Present Employer (or most recent): _____

Employer's Address: _____

Dates Employed: From _____ To _____ Gross Monthly Income (\$): _____

Position Held: _____ Department: _____

Supervisor: _____ Contact Number : (____) ____ - ____

Previous Employer: _____

Employer's Address: _____

Dates Employed: From _____ To _____ Gross Monthly Income (\$): _____

Supervisor: _____ Contact Number : (____) ____ - ____

IF STUDENT:

School Name: _____ School Telephone : (____) ____ - ____



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Spouse Status (Check): Employed Full-Time Part-Time Unemployed Retired Student

Spouse's Present Employer: _____

Employer's Address: _____

Dates Employed: From _____ To _____ Gross Monthly Income (\$): _____

Position Held: _____ Department: _____

Supervisor: _____ Contact Number : (____) _____ - _____

IF STUDENT:

School Name: _____ School Telephone: (____) _____ - _____

If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc.) who we could contact for information.*

**Notice: You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.*

Amount:	Occurrence:	Source:	Telephone:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Applicant's Telephone Number: _____

Applicant's Email Address: _____