

RENTAL APPLICATION - Oxford Rentals

Date: _____

Phone 519-667-0047. Please fax completed application to 519-672-7524

TO Lesak Holdings Inc. (Landlord)
204 Oxford St. West London Ontario N6H 1S4
(address of Landlord) (City) (Province) (Postal Code)

1. RENTAL PREMISES APPLIED FOR: 9 or 10 Oxford St London Ontario
(Address) (City) (Province) (Postal Code)

2. APPLICANT(S) NAME AND PRESENT ADDRESS 1 of ___ Applications

(Name) (Apt No.) (Street) (City) (Province) (Postal Code)

TELEPHONE: Home _____ Cell: _____ EMail: _____

NOTE: NO DOGS, CATS OR OTHER PETS OR ANIMALS ALLOWED _____
(Applicant's Signature(s)re: NO PETS)

3. PROPOSED OCCUPANTS (S) (Student, If known):

Date of Birth _____ Female ___ Male ___ UWO_ Fanshawe_

Date of Birth _____ Female ___ Male ___ UWO_ Fanshawe_

Date of Birth _____ Female ___ Male ___ UWO_ Fanshawe_

Date of Birth _____ Female ___ Male ___ UWO_ Fanshawe_

Term to commence: May 1,2010 Term to end: April 30, 2011

Date accommodation required: May 1, 2010

4. (i) RENTAL INFORMATION :
MONTHLY RENTAL \$ _____

The Applicant agree to pay for the following services and facilities applicable to Rented Premises and to provide written confirmation from applicable utilities prior to commencement of the lease that utilities are in Applicants name(s):

(Specify YES or NO)
Electricity yes Gas yes
Water yes Heat yes
Cable yes Internet yes
Water Heater yes Phone yes

4(ii) SUMMARY OF MONIES TO BE PAID

Monthly Rental of	\$ _____
Contract Deposit	\$ 25.00
TOTAL	\$ _____

Last Month Rent (for April 2011) is due when the rental application is approved. First Month Rent is due May 1, 2010.

I/We hereby certify the information provided above and on the reverse of this form (Applicant's Particulars) to be true. I/We agree that upon acceptance of this Rental Application by the Landlord, I/We shall forthwith enter into a Tenancy Agreement incorporating the above terms into the Landlord's usual form which I/We will be given the opportunity to review, in which event the Contract Deposit shall be deemed to be a Rent Deposit and applied towards the rent of the last month's occupancy.

IF I/WE SHOULD FAIL TO ENTER INTO SUCH TENANCY AGREEMENT, IN ADDITION TO ANY OTHER RIGHT TO DAMAGES ACCRUING TO THE LANDLORD, I/WE AGREE AND ACKNOWLEDGE THAT THE CONTRACT DEPOSIT SHALL BE FORFEITED.

If the Landlord is unable to give possession of the rented premises on the date of commencement of the term for any reason, the Landlord shall not be subject to any liability to the Applicants and shall give permission as soon as the Landlord is able to do so. The rent shall abate until the Landlord offers possession of rented premises to Tenants. Failure to give possession on the date of commencement shall not in any way affect the validity of the Tenancy Agreement, the obligations of the Tenants or in any way be construed to extend the term of this Tenancy Agreement. In the event that a Tenancy Agreement is entered into, this Rental Application will be deemed to form part of the Tenancy Agreement. Any omission or mis-statement by the Applicants in this Rental Application may result in the termination of your tenancy by the Landlord even after occupancy has been taken.

The Applicant hereby gives permission to the Landlord or his Agent to use the information collected herein to obtain a consumer report, to contact employers, previous Landlords, references or take any other reasonable steps to assess this Rental Application, or as may be necessary from time to time to confirm such information.

(Witness)

(Applicant 1)

ACCEPTANCE BY THE LANDLORD

The Landlord hereby accepts this Rental Application /Offer to Lease for the Rented Premises as herein described.

(Date)

(Landlord or Agent)

STUDENT INFORMATION

Name: _____

___ UWO ___ Fanshawe Program: _____ Year _____

Present Address: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

Landlord's Name: _____ Landlord's Phone Number: _____

Length of time you have lived there: _____

PARENT INFORMATION (Please complete for parent who will be signing lease with you)

Name: _____

Phone: _____ Cell: _____ Fax: _____ Email: _____

Present Address: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

Years Lived Here: _____ Date of Birth: _____

Current Employer: _____

Contact Name: _____

Employers Address: _____

Work Phone Number: _____ Fax: _____

Occupation: _____

STUDENT INFORMATION

Year, Make and Color of Auto: _____

Vehicle Plate Number: _____ Driver's License Number _____

HOW DID YOU CHOOSE THIS ACCOMODATION:

___ newspaper ___ Sign ___ UWO Website ___ Fanshawe Website ___ Other(specify) _____

STUDENT REFERENCES (two other than relatives)

1. Name: _____ Phone: _____ Email: _____

Present Address: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

2. Name: _____ Phone: _____ Email: _____

Present Address: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

EMERGENCY CONTACT, (in case of emergency, next of kin)

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Work Phone: _____

Present Address: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

I/We certify that the above information is complete and correct:

_____ Sign _____ Print Name _____ Date: _____