



APPLICATION TO RENT

140 – 4TH Street West
Pierceland, Sask. S0M 2K0
Phone: 306.839.4411
Scan & email to: jeff@piercelandproperties.com
Or fax to 403.730.9425

**Information provided on this application is confidential, and will be verified as deemed necessary.
Each adult occupant must complete this form.**

Date: _____ 20 ____ Date Unit Requested: _____ 20 ____

Applicant Information:

Legal Name: _____ D.O.B.: _____ 19 ____

Current Address: _____

Phone: _____ Cell: _____ E-mail: _____

Place of Employment: _____ Phone: _____

Occupation: _____ Average Monthly Salary: \$ _____

All other sources of income: _____

Children's Names: _____ Pet Type: _____

Anything else you want us to know? _____

Bank & Personal References:

Name of Bank: _____

Address: _____

Personal Reference #1: _____ Phone: _____

Personal Reference #2: _____ Phone: _____

Current Landlord: _____ Phone: _____

Parent / Next of Kin: _____ Phone: _____

Mailing Address: _____ Prov.: _____ Postal Code: _____

Authorization: I hereby authorize the Landlord or Landlord's Agent to verify all information on this page.

Applicant Signature: _____ Date: _____ 20 ____

OFFICE USE ONLY

Application Approved Denied By: _____ Date: _____ 20 ____

Identification Confirmed Notes: _____
