



CREDIT REPORT CONSENT FORM

**Please print, sign and fax completed form to the number listed at the bottom of the form.*

Prospective Tenants Name: _____
First Middle Last

Landlords Name: _____
First Last

Address: _____
Number Street

_____ *City Province Postal Code*

Previous Address: _____
Number Street

_____ *City Province Postal Code*

Home Phone #: _____ / _____ / _____ Work Phone #: _____ / _____ / _____

Cell Phone #: _____ / _____ / _____ Social Insurance Number: _____

Date of Birth: _____ / _____ / _____
Day Month Year

CONFIDENTIAL

The information on this application is true and correct to the best of my knowledge. I authorize the person to whom this application is delivered to obtain my credit report from any credit-reporting agency and to contact my current or previous landlord and/or employer(s) to establish or verify my financial standing. I understand that the disclosure of my SIN is optional and will only be used to verify that the credit report request is accurately matched up with the correct data contained my credit history file. This information will be used strictly for the purposes of verifying information pursuant to entering into or renewing a tenancy agreement. My information will be held in the strictest confidence.

Date: _____ / _____ / _____

Prospective Tenant's Signature: _____