


RENTAL APPLICATION
PRIVATE & CONFIDENTIAL

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| TO BE COMPLETED BY MMG REPRESENTATIVE | Mayfield Management Group Ltd. | |  | RENTAL RATE: _____ |
| | 15624 - 116 Avenue Edmonton, AB T5M 3S5 | | | PRO-RATE: _____ |
| | Phone: (780) 451-5192 Fax: (780) 451-5194 | | | |
| | www.mmgltd.com or rent@mmgltd.com | | | |
| | NAME OF BUILDING _____ | | MONTHLY INCENTIVE: _____ | |
| | SUITE: _____ | | OTHER INCENTIVE: _____ | |
| | MOVE IN DATE: _____ (mm/dd/yyyy) | | LEASE TERM: _____ | |

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|--------------------|---|--------------|--|--|--------------|--|-----------|
| APPLICANT 1 | LAST NAME: | | FIRST NAME: | | MIDDLE NAME: | | |
| | CURRENT ADDRESS: | | | | | | HOW LONG? |
| | CITY: | PROVINCE: | POSTAL CODE: | LANDLORD NAME & PHONE: | | | |
| | PREVIOUS ADDRESS: | | | | | | HOW LONG? |
| | CITY: | PROVINCE: | POSTAL CODE: | LANDLORD NAME & PHONE: | | | |
| | BIRTH DATE MM/DD/YYYY | | SOCIAL INSURANCE NUMBER (optional) - Allows for faster processing & more accuracy for credit | | | | |
| | EMPLOYED BY: | | SUPERVISORS NAME: | | | HOW LONG? | |
| | EMPLOYER'S ADDRESS: CITY, PROV | | | | PHONE: | POSITION HELD/OCCUPATION | |
| | MONTHLY SALARY | | | | | | |
| | MAKE/MODEL/YEAR OF AUTOMOBILE | | | LICENSE PLATE | PROVINCE | | |
| | HAVE YOU EVER WILLFULLY AND INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | HAVE YOU EVER FILED A PETITION FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | HAVE YOU EVER BEEN EVICTED FROM A TENANCY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | EMERGENCY CONTACT: | RELATIONSHIP | ADDRESS: CITY, PROV | | PH HOME | PH WORK | |
| OTHER: | | | | | | | |

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|--------------------|---|--------------|--|--|--------------|--|-----------|
| APPLICANT 2 | LAST NAME: | | FIRST NAME: | | MIDDLE NAME: | | |
| | CURRENT ADDRESS: | | | | | | HOW LONG? |
| | CITY: | PROVINCE: | POSTAL CODE: | LANDLORD NAME & PHONE: | | | |
| | PREVIOUS ADDRESS: | | | | | | HOW LONG? |
| | CITY: | PROVINCE: | POSTAL CODE: | LANDLORD NAME & PHONE: | | | |
| | BIRTHDATE: MM/DD/YYYY | | SOCIAL INSURANCE NUMBER (optional) - Allows for faster processing & more accuracy for credit | | | | |
| | EMPLOYED BY: | | SUPERVISORS NAME: | | | HOW LONG? | |
| | EMPLOYER'S ADDRESS: CITY, PROV | | | | PHONE: | POSITION HELD/OCCUPATION | |
| | MONTHLY SALARY | | | | | | |
| | MAKE/MODEL/YEAR OF AUTOMOBILE | | | LICENSE PLATE | PROVINCE | | |
| | HAVE YOU EVER WILLFULLY AND INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | HAVE YOU EVER FILED A PETITION FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | HAVE YOU EVER BEEN EVICTED FROM A TENANCY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | EMERGENCY CONTACT: | RELATIONSHIP | ADDRESS: CITY, PROV | | PH HOME | PH WORK | |
| OTHER: | | | EMAIL: | | | | |

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| OTHER | NUMBER OF OTHER OCCUPANTS | RELATIONSHIP: | DO YOU HAVE ANY PETS? CIRCLE ONE |
| | Name: | | NO: YES: LIST ALL: |
| | Name: | | SOME PETS NOT ALLOWED (NON-REFUNDABLE PET FEE MAY APPLY) ALL PETS MUST BE APPROVED |

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| SECURITY DEPOSIT | Under penalty or perjury the undersigned represents that the above statements are true and complete and authorizes the verification of information and references given. It is understood that the amount received will be returned if the applicant(s) is not accepted as resident(s). | | |
| | NO CASH POLICY / MONEY ORDER OR CERTIFIED CHEQUE ONLY | | |
| | The Landlord hereby acknowledges receipt of the sum of \$ _____ as a rental deposit which is forfeitable in the event the applicant does not take occupancy on the commencement date as agreed upon, or fails to execute the standard lease/documents when presented for execution. Upon the applicant taking possession of the apartment, the deposit shall be deemed to be a Security Deposit as defined in the Province of Alberta under the Residential Tenancies Act. | | |
| | APPLICANT'S INITIALS: _____ I/We have read and understood all conditions of this application for tenancy: | | |

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| CONSENT AND /OR WAIVER | APPLICANT CONSENT/WAIVER: | | |
| | This is to inform you, the Applicant(s), that a credit investigation involving the statements, made by you, on this rental application, are being initiated. I/We (Applicant) certify that, to the best of my/our knowledge all statements are true and complete. I/We (Applicant) authorize Mayfield Management Group Ltd. and its representatives to obtain credit reports, employment reports, and to verify rental history as necessary to verify all information put forth in the above referenced Rental Application. I/We(Applicant) give consent to the Landlord or it's Agent for the release of my personal information, for any collection purpose, resulting from future rental arrears, outstanding balances, created as a result of my, or my guests, occupancy/tenancy with the landlord. I/We (Applicant) further agree to give consent to release my contact information to the Landlord or it's Agent to receive future offer's, promotions, and other reason(s) during or after my tenancy. | | |
| | ALL APPROVED APPLICANTS MUST SUPPLY THE SITE MANAGER WITH 6 POST DATED CHEQUES ON MOVE-IN DATE, OR WITH A COMPLETED AUTOMATIC PAYMENT WITHDRAWAL FORM & VOID CHEQUE | | |

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| SIGNATURE <small>REVISED MAY 2011 V3</small> | Applicants Signature | Date: mm/dd/yyyy | EMAIL: | PHONE NUMBER |
| | Applicants Signature | Date: mm/dd/yyyy | EMAIL: | PHONE NUMBER |
| | Witness Signature | Date: mm/dd/yyyy | EMAIL: rent@mmgltd.com | PHONE NUMBER |