



**Community and Social Services Division
Housing Department
Commercial Rental Application**

Address of Leased Premises: 201/203 Prescott Street, Kemptville **Unit #:** _____

Date of Application: _____ **Base Rent** \$ _____ **plus HST**

Anticipated Occupancy Date: _____

Please print clearly and provide all information requested

Business Name:		<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Address:				
Business Registration No.:			Year Established:	
Purpose and Description of Business Activities:				
Name of Principals (Owner(s) who will sign the lease): <i>If more than 2 persons, attach a separate page</i>				
Principal #1:		Principal #2:		
Address:		Address:		
Date of Birth: (mm/dd/yyyy)		Date of Birth: (mm/dd/yyyy)		
Social Insurance No.:		Social Insurance No.:		
Home Phone:		Home Phone:		
Work Phone:		Work Phone:		
Cell Phone:		Cell Phone:		
Email:		Email:		

COMMERCIAL RENTAL HISTORY				
Present Address:				
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Monthly Rental/Mortgage Payment \$	From:	To:
Reason for Vacating:				
Landlord's Name/Mortgage Co.:			Phone:	
Previous Address:				
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Monthly Rental/Mortgage Payment \$	From:	To:
Reason for Vacating				
Landlord's Name/Mortgage Co.:			Phone:	

BANKING REFERENCE				
Banking Institution:			Phone:	
Address	Number	Street	City	Province
Postal Code				
Contact Name:				

CREDIT REFERENCES				
1) Company:			Phone:	
Address	Number	Street	City	Province
Postal Code				
Contact Person:			Account #:	
2) Company:			Phone:	
Address	Number	Street	City	Province
Postal Code				
Contact Person			Account #:	
3) Company:			Phone:	
Address	Number	Street	City	Province
Postal Code				
Contact Person:			Account #:	

DEPOSIT

One month's rent plus HST is to be remitted to the landlord with this application. The applicant agrees that once he/she is approved to rent the space, this deposit will be held in trust by the landlord as a security deposit. The deposit will be returned to the tenant at the end of the lease agreement and when the tenant vacates the unit.

REQUIRED DOCUMENTATION

- Copy of personal identification for person(s) who will sign the lease (e.g. Driver's license, passport).
- Copy of Business Registration.
- Current Financial Statements (Balance Sheet and Income Statement) for the most recent accounting period and the previous fiscal year.
- Notice of Assessment for most recent taxation year for person(s) who will sign the lease.

DECLARATION AND CONSENT

I/we, the undersigned, understand and declare,

1. That all information given in this application and any supporting documentation is correct and complete.
2. That the Housing Department will use the information provided to select a tenant for the commercial rental unit identified in this application.
3. That if any information in this application is incorrect or not true, the Housing Department may request additional information, cancel this application, or both.
4. That the Housing Department is hereby authorized to order and review a consumer credit report for the principal(s) of the business, and any persons who will sign the lease and to investigate the accuracy of the information contained in this application.
5. That all banks, creditors, credit card companies, references and any and all other persons having knowledge and information concerning my/our credit is authorized to provide that information to the Housing Department.
6. That references listed as previous landlords will be contacted for the purpose of verifying rental history.
7. That the Housing Department may verify if any rental arrears are owed to any social housing provider in Ontario, or if any loans for any Affordable Housing Program (AHP) or Investment in Affordable Housing (IAH) programs delivered by the United Counties of Leeds and Grenville are due and payable.
8. That any information provided in this application and any supporting documentation may be verified, and I/we authorize any person, corporation or any social agency having knowledge of the information provided, to release that information to the Social Housing Registry/Housing Department for the purpose of selecting a tenant for the commercial rental unit.

Signatures of Principal(s) (Owner(s))

Principal #1 _____ **Principal #2** _____
Date _____ **Date** _____

Personal information contained in this Application or any attachments hereto is collected by the United Counties of Leeds and Grenville, Housing Department pursuant to the *Commercial Tenancies Act*, R.S.O. 1990, c.L. 7 and the *Municipal Freedom of Information and Protection of Privacy Act*, (R.S.O. C.M. 56) for the purpose of selecting a tenant for the commercial rental unit. Questions about this collection should be directed to the United Counties of Leeds and Grenville, Clerk's Department, 25 Central Avenue West, Suite 100, Brockville, ON K6V 4N6 or telephone 613-342-3840 ext. 2307.