



Rental Application & Lease Agreement

Tel: 905-686-0470 Email: rentals@cppigroup.com
Fax: 1-877-503-9850 Web: www.cppigroup.com

APPLICANT/TENANT INFORMATION:

Name: _____

Address: _____

Date of Birth: _____ SIN: _____

Email: _____

Phone #: _____

Occupation: _____

PRESENT EMPLOYMENT DETAILS (if applicable):

Employer: _____

Business address: _____

Business Phone: _____

Position: _____

Salary: _____ Employment Length: _____

RENTAL DETAILS:

Address: _____

Unit #: _____ Term: _____

CO-SIGNER INFORMATION:

Name: _____

Address: _____

Date of Birth: _____ SIN: _____

Email: _____

Phone #: _____

Occupation & Employer: _____

POST-SECONDARY EDUCATION DETAILS (if applicable):

Uni/College: _____

Program: _____

Year of Study: _____ Grad Date: _____

RENTAL PREFERENCES (SIMCOE ONLY):

☐ Wired Internet (+\$20/month) ☐ Covered Parking (+\$100/month)

☐ Uncovered Parking (+\$75/month)

TENANCY AGREEMENT dated the _____ day of _____, _____ BETWEEN 2345703 Ontario Inc. C/O CPPI Group (Landlord) at 82 Church St S. Ajax, ON, L1S 6B3. AND _____ (Tenant) AND _____ (Guarantor). The landlord agrees to rent to the Tenant and the Tenant agrees to rent from the

Landlord. It is understood and agreed that only the tenant shall occupy the Rented Premises.

TERM: The Tenant shall occupy the Rented Premises, subject to the present tenant vacating, for the term beginning _____, day of _____, _____ and ending on the _____ day of _____, _____.

UTILITIES: The Tenant in addition to Monthly Rental below, agrees to pay the following services applicable to the Rented Premises:

☐ Electricity ☐ Water ☐ Gas ☐ Heat ☐ _____

RENT: The Tenant agrees to pay the Landlord for Rented Premises _____ per month. Total Monthly Rent Payable shall be due and payable on the 1st day of each month for the term above

Total monthly amount to be paid each month is as follows:

Rent	:	_____	
Parking	:	_____	Plate #: _____
	:	_____	
Total (per month)	:	_____	

The Applicant/Tenant and co-signer consents to the collection, use and disclosure of the Applicant/Tenant's and co-signer's personal information by the Landlord and/or agent of the Landlord, from time to time, for the purpose of determining the creditworthiness of the Applicant/Tenant for the leasing, selling or financing of the premises or the real property, or making such other use of the personal information as the Landlord and/or agent of the Landlord deems appropriate.

The Applicant/Tenant and co-signer represents that all statements made above are true and correct. **The Applicant/Tenant and co-signer is hereby notified that a consumer report containing credit and/or personal information may be referred to in connection with this rental.** The Applicant/Tenant authorizes the verification of the information contained in this application and information obtained from personal references. In the event that this application is not accepted, any deposit submitted by the Applicant/Tenant shall be returned.

Additional Documents Attached:

☐ Schedule A – Addendum ☐ PAD Form ☐ VOID Cheque ☐ Applicant Photo ID ☐ Guarantor Photo ID

IN WITNESS WHEREOF the parties hereto have executed these presents:

Per: _____ (Tenant) _____ (Date)

Per: _____ (Guarantor) _____ (Date)

Per: _____ (Landlord) _____ (Date)

Lease Addendum:

1. The guarantor's responsibilities do not expire at the end of this lease, only at the tenancy expiration.
2. No pets are permitted in the room, unit or premises.
3. Tenant to arrange MOVE IN and MOVE OUT times with superintendent. Tenant shall be responsible for any damage to the unit caused by the MOVE IN and MOVE OUT.
4. Any damage found prior to move in will need to be noted on the lease agreement.
5. Tenant shall be responsible for any damage to the unit caused by the tenant during the lease.
6. Tenant agrees the payment on the 1st of each month by process of (PAD) Pre-Authorized Debit with copy of void cheque and signed PAD form. 2345703 Ontario Inc. authorized 1363669 Ontario Inc. to process the (PAD) Pre-Authorized Debit payment.

☐

I have read and agreed to all of the conditions to the lease as stated above and they have been explained to me by a CPPI Group representative.

IN WITNESS WHEREOF the parties hereto have executed these presents:

Per: _____ (Tenant) _____ (Date)

Per: _____ (Guarantor) _____ (Date)

Per: _____ (Landlord) _____ (Date)

1363669 ONTARIO Inc. / CPPI Group
82 Church St. S, Ajax, ON, L1S 6B3
Tel: (905) 686-0470 Fax: 1-877-503-9850
mpoon@cppigroup.com

**Pre-Authorized Debits (PADs)
Payee's PAD Agreement**

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/we authorize 1363669 Ontario Inc. / CPPI Group and the financial institution designated (or any other financial institution that I/we may authorize at any time) to being deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the _____ day of each month. 1363669 Ontario Inc. / CPPI Group will obtain my/our authorization for any other one-time or specific debits.

This authority is to remain in effect until 1363669 Ontario Inc. / CPPI Group has received written notice from me/us of its change or termination. This notice must be received at least thirty (30) business days before the next debit is scheduled at the address provided. I/we may obtain a sample cancellation form, or more information on my rights to cancel a PAD at my/our financial institution or by visiting cdnpay.ca

1363669 Ontario Inc./CPPI Group may not assign this authorization directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we contact my/our financial institution or visit cdnpay.ca

PLEASE PRINT:

Date: _____

Name(s): _____ Type of Service: ☐ Personal ☐ Business

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number (Bus.): _____ (Res.): _____

Email: _____

Financial Institution (FI): _____

Account Number: _____ Transit Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

----- PLEASE ATTACH A VOID CHEQUE -----