



OFFER TO LEASE

Alfid Services Immobiliers Ltée

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ATTENTION TO ALL JANITORS: ALL INFORMATION MUST BE COMPLETED

Building LE MONTFORT Apt. #: _____ Size: _____
Address: 1975 DE MAISONNEUVE

Name of applicant _____ Tel.: _____
present address: _____

STATUS:	Date of Birth	Dependents	number:	_____
<input type="radio"/> Woman	<input type="radio"/> single	<input type="radio"/> separated	age:	_____
<input type="radio"/> Man	<input type="radio"/> married	<input type="radio"/> divorced	sex:	_____

Present landlord: _____ Tel.: _____
Actual rent: _____ \$ Since: _____

Employed by: _____ position: _____
address: _____ since: _____ Year _____ Month _____
Tel.: _____ Contact: _____ salary: _____ \$

Bank: _____ 3 credit/ref.: _____
address: _____
account # _____

Driver's licence: _____ Social security # _____
Sickness benefits #: _____ expi. _____

Reference: _____ Tel.: _____
address: _____
Reference: _____ Tel.: _____
address: _____

LEASE	CORRESPONDENCE	FRENCH <input type="radio"/>	ENGLISH <input type="radio"/>
starts on	:	deposit with application :	_____ \$
expires on	:	furniture: <input type="radio"/>	stove <input type="radio"/> refrigerator <input type="radio"/>
monthly rent	:	\$ parking Int. <input type="radio"/>	_____ \$
monthly total rent	:	\$ parking Ext. <input type="radio"/>	_____ \$
total contract	:	\$ heating <input type="radio"/>	electricity <input type="radio"/> hot water <input type="radio"/>
term of lease	:	Number of months: _____	water tax <input type="radio"/> T.V. Cable <input type="radio"/>

I have inspected the premises and accept them in their present condition
or with the following exceptions:

I hereby authorise the landlord or his representative (credit company) to conduct a credit report and to obtain and give any necessary information in order to approve this application. The informations obtained will be kept confidential and will only serve to qualify me for an apartment. **The deposit is refundable only if owner rejects/refuse tenant.**

Applicant: _____ Recommended by: _____
witness: _____ date: _____
date: _____ P.O. # _____