

Housing Application

1. Please submit your housing application to My Rez on Lester along with last month's rent (LMR). The LMR is refundable before your lease is signed and will then be held by management for the term of the lease.
2. Accommodations are limited and will be leased on a first-come, first-served basis. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the lease agreement by all parties. Rates/installments, fees and utilities included are subject to change. Rates/installments do not represent a monthly rental amount (and are not prorated), but rather the total base rent due for the lease term divided by the number of installments.
3. For information or assistance in completing this application, please contact our office at 519.884.8819.

Applicant Information

Name: _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME)

Current Local Address: _____
 (STREET) (CITY) (PROVINCE) (ZIP)

Permanent Address: _____
 (STREET) (CITY) (PROVINCE) (ZIP)

Cell Phone: (_____) _____ Other Phone: (_____) _____

Email Address: _____

Social Insurance No: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Male Female

* Please contact the Leasing Office for multi-gender leasing options

Please provide the information for one of the items below and check the corresponding choice:

Are you a student? Yes No If yes, what school: _____

Fall 2019 Standing: 1st Year 2nd Year 3rd Year 4th Year Graduate Major: _____

Have you ever been convicted of a felony? Yes No Reason: _____

Have you ever been evicted from any residence? Yes No Reason: _____

Have you ever filed bankruptcy? Yes No If yes, when: _____

Guarantor Information

Name: _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address: _____
 (STREET) (CITY) (PROVINCE) (ZIP)

Cell Phone: (_____) _____ Other Phone: (_____) _____

Email Address: _____

Current Employer: _____ Employer Phone: (_____) _____

Employer Address: _____
 (STREET) (CITY) (PROVINCE) (ZIP)

Social Insurance No: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Male Female

* Please contact the Leasing Office for multi-gender leasing options

Driver's License Passport Number: _____ State: _____

Has the guarantor ever filed bankruptcy? Yes No If yes, when: _____

Emergency contact other than guarantor: _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

Parking/Vehicle Information

Will you need parking? Yes No

Vehicle Make: _____ Model: _____

12 MONTH TERM

Underground: \$650

Surface: \$500

4 MONTH TERM

Underground: \$325

Surface: \$275

MONTHLY

Underground: \$80

Surface: \$100

License Plate Number: _____ Year: _____

Floor Plan Selection

Please numerically list your choices in order of preference. Spaces are leased on a first-come, first-served basis.

5 Bedroom – 2.5 Bathroom

SUITE TYPE 01

Standard Lux I

SUITE TYPE 02

Standard Lux I

SUITE TYPE 03

Standard Lux I

SUITE TYPE 04

Standard Lux I

SUITE TYPE 05

Standard Lux I

SUITE TYPE 06

Standard Lux I

5 Bedroom – 4 Bathroom

SUITE TYPE 01

Shared Bathroom Lux II

SUITE TYPE 02

Shared Bathroom Lux II

SUITE TYPE 04

Shared Bathroom Lux II

SUITE TYPE 05

Shared Bathroom Lux II

5 Bedroom, 5 Bathroom

SUITE TYPE 03

Lux II

Roommate Request

If you have already chosen your roommate(s), please list their information below. All roommate choices must be mutual in order to be placed together. If you do not have a full apartment group, you will be matched with roommates based on your resident profile form. Unfortunately, roommate requests cannot be guaranteed.

<u>NAME:</u>	<u>CELL PHONE:</u>	<u>EMAIL:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Acknowledgment

If you fail to answer any question, or if you have given false information: (1) we are entitled to reject this application; (2) we will retain all processing fees and deposits as liquidated damages for time spent and expenses; (3) we will terminate any right to lease the bedroom; and (4) if you have signed a lease, it will be a violation of the lease.

By my signature I attest that the information contained herein is correct. The management is authorized to verify my credit history, and all other submitted information for the purpose of evaluating this lease application.

This application will be approved upon satisfactory criminal background check.

Applicant Signature: _____ Date: _____

Managed by  CANADIAN CAMPUS COMMUNITIES

181 Lester Street Waterloo | Ontario NCL 0C2 | 519.884.8819 | myRezonLester.com | CanadianCampus.com



Rates/installments, fees & utilities included are subject to change. Rates/installments do not represent a monthly rental amount (and are not prorated), but rather the total base rent due for the lease term divided by the number of installments. Parking is available on a first-come, first-served basis. Some units may include ADA accessible features. While supplies last. Limited time only. See office for details.