

LESTON HOLDINGS (1980) Ltd.

Phone: (780) 444-4579, Fax: (780) 487-3956, Email: info@lestonholdings.com Office: #6, 10025 - 117 Street, Edmonton, AB T5K 1W7

OFFER TO LEASE

Building: _____ Suite # _____ Type of Suite: _____
of Occupants: _____ Lease Term: _____ S.I.N. # _____
Move-In Date: _____ Monthly Rent: _____ Security Deposit: _____

NAME IN FULL: _____ DATE OF BIRTH: ____ / ____ / ____

Current Address: _____

Street address _____ city _____ postal code _____
Phone # (res) _____ (cell) _____ (bus) _____

Email Address: _____

Current Landlord: _____ Phone # _____

Length of Tenancy: _____ Rent: _____

Reason for Moving: _____

Do you Smoke? Y / N Do you have any pets? Y / N Spayed/ Neutered? Y/N : _____

Do you currently have or have ever had a history of bed bugs? Y / N If yes, please explain _____

Previous Address: _____

Street address _____ city _____ postal code _____
Previous Landlord: _____ Phone # _____

Length of Tenancy: _____ Rent: _____

Reason for Moving: _____

Previous Address: _____

Street address _____ city _____ postal code _____
Previous Landlord: _____ Phone # _____

Length of Tenancy: _____ Rent: _____

Reason for Moving: _____

Current Employer: Company _____ Address _____

Position _____ Salary _____

Supervisor _____ Phone # _____

Previous Employer: Company _____ Address _____

Position _____ Salary _____

Supervisor _____ Phone # _____

Application for Parking: (Y / N) Driver License # _____

1. Vehicle Model: _____ Year: _____ Color: _____ Plate # _____

References:

1. Name: _____ Phone # _____ Address: _____ Relation: _____

2. Name: _____ Phone # _____ Address: _____ Relation: _____

Credit Cards:

Type: _____ Number: _____ Type: _____ Number: _____

Emergency Contact:

1. Name: _____ Phone # _____ Address: _____ Relation: _____

Where did you hear about us? _____

I hereby agree to lease apartment # _____ at _____ and as an indication of my good faith I hereby hand you the sum of \$ _____ as deposit on the understanding that if this application is accepted the deposit will be retained and held by you as a security deposit under the terms of our Residential Tenancy Agreement. If this application is not accepted within four working days, the full deposit will be refunded. If I should cancel this application prior to its approval, or if (after such approval) I fail to execute your Standard Apartment Lease when presented for execution, then the deposit herewith paid shall be absolutely forfeited to you as liquidated damages. I hereby consent to the disclosure of information to Leston Holdings as a means of verifying the above information in pursuit of an accurate character reference, my rental and employment history as well as my credit worthiness using TenantScore.

Dated this ____ day of _____, 20 ____ .

Acceptance Date

Applicant's Signature