

Occupant Request Form

Tenant's Name: _____
(person requesting to have occupant added)

Address: _____ Unit #: _____

Occupant Information:

Name: _____

Relationship to Tenant: _____

S.I.N. #: _____ Birthdate: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Cell # _____

Previous Address Info

Address: _____

City: _____ Province: _____ Postal Code: _____

Current Employer

Name: _____

Address: _____

Phone #: _____

Emergency Contact Info

Name: _____ Relation to Occupant: _____

Address: _____

Phone #: _____ Cell #: _____ Work #: _____

Automobile: Make _____ Model _____ Year _____ License Plate # _____

Key #: _____ **Parking:** Outdoor _____ Parcade _____ Garage _____

Occupant acknowledges that they have no rights under the tenancy agreement pertaining to this unit.

Signature of Occupant

Date

Tenant acknowledges that they assume full responsibility for the Occupant's actions.

Signature of Tenant

Date

This form must be filled out in its entirety, complete with both signatures, failure to do so may delay the approval process. This form is merely a request and the occupant is not deemed accepted until request is approved by the Landlord or an Agent of the Landlord. This information is collected and kept confidential in accordance with PIPEDA and is stored in secure files as part of the leasing documents.

FOR OFFICE USE ONLY

Authorized by: _____
Agent for the Landlord

Date: _____
mm/dd/yyyy