



# ALBERTA PROPERTY MANAGEMENT SOLUTIONS INC.

Address Applied for: \_\_\_\_\_

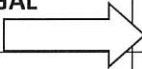
How did you hear about us?  Social media  Current Tenant  Kijiji  Word of Mouth  Our website

Date possession requested: \_\_\_\_\_

Length of Lease: \_\_\_\_\_

Pets? No \_\_\_ YES \_\_\_ If yes, what kind and how many? \_\_\_\_\_

**Important: THE CONSENT TO DISCLOSE PAGE OF THIS APPLICATION FORM MUST BE SIGNED OR WE CAN'T PROCESS YOUR APPLICATION. Failure to fill this form out correctly and completely may result in your application being denied.**

APPLICANTS FULL LEGAL NAME:	
Date of birth	
Social Insurance number	
Home phone number	
Work phone number	
Cell phone number	
Email Address	

Current Address	
City and Province	
Postal Code	
Do you rent or own current residence	
If renting, current landlord's name	
Landlord's phone number	
Current rent or mortgage	
Date you moved to your current residence	
Date your current lease expires	

[WWW.ALBERTAMANAGEMENT.COM](http://WWW.ALBERTAMANAGEMENT.COM)

Phone: 780-715-7270

E-Mail: [admin@apmsi.ca](mailto:admin@apmsi.ca)

262 Gregoire Drive, Fort McMurray, AB T9H 4K6

Reason for moving	
Have you given 30 days notice	
Previous address	
City and province	
Postal Code	
Did you rent or own this property	
If rented, Landlord's name	
Landlord's phone number	
Length of stay	
Reason for moving	

Name of your current employer	
Your Job title	
Address of Employer	
Name of Human Resources Rep	
Supervisor's phone number	
Employment start date	
Monthly gross income	

Other regular sources of income (such as child support, family allowance, or other income)	
Amount per month \$	

<b>CO APPLICANTS FULL LEGAL NAME</b>	
Date of birth	
Social Insurance number	
Home phone number	
Work phone number	
Cell phone number	

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Email Address	
Co Applicants current employer	
Your Job title	
Address of Employer	
Name of Human Resources Rep	
Supervisor's phone number	
Employment start date	
Monthly gross income	

<b>Co Applicants Current Address</b> <b>*** IF DIFFERENT FROM APPLICANTS***</b>	
City and Province	
Postal Code	
Do you rent or own current residence	
If renting, current landlord's name	
Landlord's phone number	
Current rent or mortgage	
Date you moved to your current residence	
Date your current lease expires	
Reason for moving	
Have you given 30 days notice	

Name, Age and Relationship of all intended occupants; Picture ID is required for all applicants over the age of 18.

Name	
Age	
Relationship	
Name	
Age	
Relationship	
Name	
Age	
Relationship	

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Name of Reference	
Reference's Occupation	
References phone number	
How long have you known this person	
How do you know this person	

**Relatives or friends who can be contacted in case of emergency**

Name	
Phone Number	
Relationship to you	

I hereby apply for the rental premises as indicated on page one of this application form. I understand that by signing this application, a binding offer to rent, or lease said premises is created and if the Landlord accepts my application and I withdraw or cancel, I understand my deposit will be forfeited and I will be bound to the terms of this application making me liable for any loss of income incurred by the Landlord because of my cancellation. If accepted, I agree to sign a lease and/or written tenancy agreement. I understand that a credit, reference, and other relevant investigation will be undertaken to determine my rental, court, tribunals, employers, and personal references to disclose any pertinent information about me.

If the landlord does not accept this application, reasons for refusal shall not be divulged, but my deposit will be refunded in full. This application is governed by the local laws and Province in Canada as the law requires.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Co - Applicant's Signature: \_\_\_\_\_

## INFORMED ADDITIONAL SEARCH CONSENT FORM

### Personal Information Please Print (Applicant to Complete)

Surname		First Name	Middle (Second) Name	
Maiden Name or Other Surnames Used (If applicable):			Place of Birth (If other than Canada, please also note date entry)	
Date of Birth (YYYY-MM-DD or 2011-Jan-01)	Sex M/F	Phone Number	Driver's Licence # *Required for Driver's Abstract	SIN # (optional)
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

**Previous Address(es)** Provide if you did not reside at above address for more than five (5) years

# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code
# Number	Street Name	Apt / Unit #	City / Province / Country	Postal Code

**COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

By signing this form, you certify that your personal information set out in this application is true and correct. Xpera HR Services Inc. ("Xpera") collects your personal information for the purpose of conducting, on behalf of its client, Alberta Property Management (the "Client"), background checks and verifications on you required in the course of a pre-employment process or a tenancy application. To conduct these verifications, Xpera will disclose your personal information, including copies of this application, to the sources you consented to in the list. Xpera will share the results of these verifications with its Client.

The collection, use, or disclosure of your personal information will be in accordance with Xpera's Privacy Policy available at [www1.scm.ca/Privacy-Policy](http://www1.scm.ca/Privacy-Policy). The Policy also mentions how Xpera stores personal information, what are your options and rights and how to manage your consent.

You hereby consent that Xpera conduct the following verifications and disclose your personal information to the following sources:

Verifications	Source(s)	Consent
Bankruptcy history	Public bankruptcy and insolvency records	<input type="checkbox"/>
Civil judicial records	Court records	<input type="checkbox"/>
Federal Court of Canada	Court Records	<input type="checkbox"/>
Tax Court of Canada	Court Records	<input type="checkbox"/>
Credit history	Credit reporting agencies	<input checked="" type="checkbox"/>
Driver's record or abstract	Applicable provincial administrative bodies	<input type="checkbox"/>
ID verification	Credit reporting agencies'	<input type="checkbox"/>
Media search	Media databases	<input type="checkbox"/>
SIN validation	SIN sequence validation	<input type="checkbox"/>

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SIGNATURE OF APPLICANT

**WAIVER**  
I hereby release and forever discharge all members and employees of Xpera from any and all actions, claims and demands for damages, loss or injury which may hereafter be sustained by myself, as a result of the services performed by Xpera.

**Additional Information**

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**Authorization for Requested Searches (Employer/Company Representative to Sign)**

Employer / Company Name	
Company Representative Name	Company Representative Signature
Email Address	Phone Number

## REQUIREMENTS PRIOR TO LEASING

- Tenant's insurance- \$1,000,000 liability  
*\*Contact Sharp Insurance and quote Alberta Property Management for preferred group policy pricing. Visit: [www.sharpinsurance.ca/programs.php](http://www.sharpinsurance.ca/programs.php) or call: 1-877-218-2008.*
- Photo ID for all occupants 18 and over.
- Security Deposit paid IN FULL by money order or e-transfer to [accounting@apmsi.ca](mailto:accounting@apmsi.ca) and please use the password "security".
- Non-Refundable Pet Fee of \$500.00 for the first pet and \$250.00 for each additional pet. Picture(s) of pets to be sent to office.
- Alberta Property Management requires the following account #'s when tenants are responsible for utilities:
  - a. **Electricity: Direct Energy 1-888-420-3181/ Enmax 1-877-571-7111**
  - b. **Natural Gas: Direct Energy 1-866-420-3174 / Enmax 1-877-571-7111**
  - c. **Municipal water & sewer – RMWB – This bill is to stay in the owner's name.**
- The below PAD Agreement filled out and returned for your rent to automatically be withdrawn from your account.

**Please note: Possession of keys and move in inspection is performed on the day of tenancy. If you wish to move in early, you will be charged for the days prior to tenancy.**

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**ALBERTA PROPERTY MANAGEMENT SOLUTIONS INC. PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

**1. PAYOR INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ email: \_\_\_\_\_

**2. BANK ACCOUNT INFORMATION**

Account Number \_\_\_\_\_ Branch Transit Number \_\_\_\_\_

Financial Institution Number \_\_\_\_\_ Chequing \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institute Name \_\_\_\_\_

Branch Address \_\_\_\_\_

**3. PRE-AUTHORIZED DEBIT (PAD) DETAILS**

I/We authorize Alberta Property Management Solutions Inc. to withdraw the monthly rent fees authorized by Payor in the amount of: \_\_\_\_\_

I/We may revoke authorization at any time, subject to providing notice of not less than two weeks. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

**YOUR RENT WILL AUTOMATICALLY BE WITHDRAWN FROM YOUR BANK ACCOUNT FOR THE DURATION OF YOUR LEASE.**

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