



Where *community* develops.

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Peterborough, Ontario  
K9J 7M4  
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### APPLICATION FORM

Apartment: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Please complete in full and print clearly.

All information given is kept strictly confidential.

#### TELL US ABOUT YOURSELF:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch #: \_\_\_\_\_

Account #: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Other \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make of Auto: \_\_\_\_\_ Year: \_\_\_\_\_

#### MARITAL STATUS:

Single:  Married:  Common-Law:  Divorced:  Widowed:  Separated:

#### PETS:

Do you or other occupants have a pet? Yes:  No:

If yes, kind: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

If no, do plan to have a pet? Yes:  No:

#### GENERAL:

Why are you leaving your present residence? \_\_\_\_\_

Do you smoke? Yes:  No:

Have you or any proposed occupant ever been evicted? Yes:  No:

Have you or any proposed occupant ever broken a rental agreement or lease contract? Yes:  No:

Have you or any proposed occupant ever been sued for non-payment of rent or damages to a rental property? Yes:  No:

Do you own an air conditioner? Yes:  No:

Do you plan to purchase an air conditioner? Yes:  No:

There is a \$50 fee per month for having an air conditioner in June, July, August and September \_\_\_\_\_  
Initial Here

*Careful screening helps us to provide good neighbours.*

**RENTAL HISTORY:**

Present Address: \_\_\_\_\_

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

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Amount of Rent Paid: \_\_\_\_\_

Present Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Prior Address: \_\_\_\_\_

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

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Amount of Rent Paid: \_\_\_\_\_

Prior Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Are you a student? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Do you work: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income Sources if not employed: 1) \_\_\_\_\_ 2) \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Relationship: \_\_\_\_\_

**In the event of serious illness or death of resident, the above person is ( ) or is not ( ) authorized to enter the apartment and remove all contents.**

**HOW DID YOU HEAR ABOUT THIS UNIT?** Newspaper: \_\_\_\_\_ Internet: \_\_\_\_\_ Sign: \_\_\_\_\_

Other: \_\_\_\_\_ Referral: \_\_\_\_\_ Name & Apt. # of Referral: \_\_\_\_\_

**ALL UNITS RENTED AS VIEWED:** If there are any specific repairs or maintenance work you would like, please indicate in the space provided below. We reserve the right to repair ONLY those items WE determine necessary and have up to 30 business days from the date of move-in to complete said repairs.

\_\_\_\_\_

**OTHER OCCUPANTS:** Names of all persons under age 18 who will occupy the unit without signing the lease.

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

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

First and last month's rent must be paid by **CASH, CERTIFIED CHEQUE or MONEY ORDER**. I understand that the submission of this completed application and the applicable deposit constitutes a commitment to rent the said unit. I understand that if I cancel the application after approval, my deposit will be non-refundable. AON Inc. will apply said deposit to re-advertisement costs to find a new tenant, administration costs to process a new tenant's application, and any loss of income as a result of such cancellation and all other expenses incurred. I further understand that the lease must be signed within 10 days after the date of approval. If the lease is not signed within 10 days, the unit will be re-rented to another party.

In the event that AON Inc. does not accept this application, I understand that reasons for refusal may not be divulged, but my deposit will be refunded in full.

I acknowledge and agree that in the event that this application is accepted and in the event that the existing occupant of the said unit fails to vacate prior to my commencement of occupancy, I shall only be entitled to the return of any monies paid with this application, without interest or deduction, and without any entitlement to occupy the said unit. The intent being that neither the Landlord nor its Agent will be liable or responsible to me for any loss, damages or costs incurred by myself resulting from the existing occupants failure to vacate the premises and the inability of the Landlord to deliver possession of same to myself.

I certify that the information given is complete and correct and I understand that this application will be revoked if any information is incorrect or incomplete. I authorize verification of this application, references, and credit record, as the Landlord may deem necessary at any time before, during or after tenancy.

I authorize AON Inc. and its agents to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me. This is to ensure the completeness of the information and maintain the integrity of the credit granting system. I authorize AON Inc. to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect AON Inc. and myself from fraudulent transactions. I also authorize AON Inc. to obtain a personal credit report related to this application and to verify directly the information I have supplied above.

The undersigned hereby consents to the collection and use of personal information about me in accordance with The Personal Information Protection and Electronic Documents Act.

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

**SUPERINTENDENT AND OFFICE USE ONLY**

Apartment: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Deposit Pd: \_\_\_\_\_ Cash: \_\_\_\_\_ Bank Draft/MO: \_\_\_\_\_ Debit: \_\_\_\_\_ Cheque: \_\_\_\_\_ VISA/MC: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Air Conditioner Fee: \_\_\_\_\_

Comments/Special Incentives Offered: \_\_\_\_\_

Name of referral: \_\_\_\_\_

Set up in REMS? \_\_\_\_\_ Parking Spaces: \_\_\_\_\_ Charge: \_\_\_\_\_

Term of Lease: \_\_\_\_\_ To Commence: \_\_\_\_\_ To End: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



## **Mission & Values**

AON Inc. excels in the development and management of communities for people. We create innovative properties for retirement, residential living, business and leisure in Canada and the U.S. We are a family of employees that deliver quality service and care through dynamic options for living well. At AON Inc. we value quality, connections with people, and a future focus.

## **Quality**

We set standards in the construction of new properties and the management of current holdings. We achieve the highest standards of property management and personal care. We are respectful of others, employees, residents, clients and business partners. We support and encourage the development of our employees. Their expertise improves our organization and positions us for success.

## **Connections**

We value connections with people, links that ensure we develop communities that reflect market trends and serve personal needs. In a community of diversity, we work actively to engage all employees and employee groups, to unite individual and corporate goals and to advance our mission. We believe that excellence in communications supports a positive workplace and marketplace over the long term.

## **Future Focus**

We respect our progress from a family business to a vigorous international development company. We believe in growth and development of the organization and we value the commitment and effort of each person to keep us future-focused.



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### CO-SIGNOR APPLICATION AND AGREEMENT FORM

Resident(s): \_\_\_\_\_ Apt. Address: \_\_\_\_\_

Please complete in full and print clearly.

All information given is kept strictly confidential.

#### TELL US ABOUT YOURSELF:

What relationship are you to the resident(s)? Parent  Brother or Sister  Employer

Other (Please explain) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch #: \_\_\_\_\_

Account #: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Other \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make of Auto: \_\_\_\_\_ Year: \_\_\_\_\_

Present Address: \_\_\_\_\_

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

Move-In Date: \_\_\_\_\_ Amount of Rent Paid: \_\_\_\_\_ Amount of Mortgage Paid: \_\_\_\_\_

Present Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

Prior Address: \_\_\_\_\_

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

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Amount of Rent Paid: \_\_\_\_\_

Amount of Mtge Paid: \_\_\_\_\_

Prior Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present Employer: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income Sources if not employed: 1) \_\_\_\_\_ 2) \_\_\_\_\_

I certify that the above information is complete and correct and I understand that this application may be revoked if any information furnished upon this application is found to be incorrect or deemed to be incomplete.

I authorize AON Inc. and its agents to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me. This is to ensure the completeness of the information and maintain the integrity of the credit granting system. I authorize AON Inc. to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect AON Inc. and myself from fraudulent transactions. I also authorize AON Inc. to obtain a personal credit report related to this application and to verify directly the information I have supplied above.

I authorize verification of the above information, references, and credit record. The undersigned hereby consents to the collection and use of personal information about me in accordance with The Personal Information Protection and Electronic Documents Act.

→ Co-Signor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT FORM**

Resident(s): \_\_\_\_\_ Apartment: \_\_\_\_\_

In consideration of AON Inc.® agreeing to rent the above noted apartment to the above resident(s), the undersigned hereby covenants and agrees, as if a primary debtor and not a mere guarantor, that the undersigned will make all rent payments and other obligations required to be made by the above named resident(s). Further, AON Inc.® shall not be required to exhaust remedies against the said resident before making a demand on the undersigned. THIS AGREEMENT IS FOR THE ENTIRE LENGTH OF THE TENANCY AND OBLIGATION PERIOD OF THE TENANCY.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

→ \_\_\_\_\_  
Witness Signature

→ \_\_\_\_\_  
Co-Signor's Signature