

# SUBTENANCY APPLICATION

This Subtenancy Application is © London Property Management Association, 2007.



DATE: \_\_\_\_\_

TO: \_\_\_\_\_ (Landlord)

\_\_\_\_\_  
 (Address of Landlord) (Street No.) (Street) (City) (Postal Code)

**1. PROPOSED SUBTENANTS PRESENT ADDRESS**

(1) \_\_\_\_\_  
 Name Apt. No. Street City Postal Code

(2) \_\_\_\_\_  
 Name Apt. No. Street City Postal Code

TELEPHONES: Home (1) \_\_\_\_\_ Business (1) \_\_\_\_\_  
 (2) \_\_\_\_\_ (2) \_\_\_\_\_

2. SUBLET PREMISES APPLIED FOR: \_\_\_\_\_ UNIT TYPE \_\_\_\_\_  
 Suite No. \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

**3. NAME(S) OF ALL CURRENT TENANTS:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

4. THE CURRENT TENANCY AGREEMENT EXPIRES \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Day) (Month) (Year)

Subtenancy to commence \_\_\_\_\_ 19 \_\_\_\_\_ Subtenancy to end \_\_\_\_\_ 19 \_\_\_\_\_

**5. PROPOSED OCCUPANT(S) IN ADDITION TO SUBTENANTS:**

NAMES	DATE OF BIRTH (D/M/Y)	NAMES	DATE OF BIRTH (D/M/Y)

**NOTE: NO DOGS, CATS, OR OTHER PETS OR ANIMALS ALLOWED**

Subtenant(s) Signature(s) re: NO PETS

6.(i) RENTAL INFORMATION: (includes discount specified in 6(ii))  
 Monthly Rental \$ \_\_\_\_\_  
 Parking \$ \_\_\_\_\_  
 Air Conditioner \$ \_\_\_\_\_  
 Appliances \$ \_\_\_\_\_  
 Additional services (specify) \$ \_\_\_\_\_  
 Additional services (specify) \$ \_\_\_\_\_  
**TOTAL MONTHLY RENTAL \$ \_\_\_\_\_**

6.(ii) The charges listed in 6(i) include a 2% Prompt Payment Discount which shall be given monthly only if Total Monthly Rental is paid on or before the first day of each month. This discount may be discontinued, in the Landlord's sole discretion, at any time after the expiry of the initial term of this Agreement.

**NOTE: Current Tenant(s) will remain responsible for payment of Total Monthly Rental throughout Subtenancy.**

The proposed Subtenants acknowledge the current Tenant(s) is responsible to pay for the following services and facilities applicable to the Rented Premises:

SPECIFY YES OR NO

Electricity	<input type="checkbox"/>
Water	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Heat	<input type="checkbox"/>

SPECIFY YES OR NO

Water Heater	<input type="checkbox"/>
Cablevision	<input type="checkbox"/>
Other _____	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

6.(iii) ADMINISTRATION AND PROCESSING FEE SUBMITTED WITH THIS SUBTENANCY APPLICATION \$ \_\_\_\_\_ (non-refundable)

I/We hereby certify the information provided above and on the reverse of this form (Subtenants' Particulars) to be true. I/We agree that upon acceptance of this Subtenancy Application by the Landlord, I/We shall forthwith enter into a Subtenancy Agreement in the Landlord's usual form which I/We have been given the opportunity to review. **I/WE ACKNOWLEDGE THAT IF I/WE SHOULD FAIL TO ENTER INTO SUCH SUBTENANCY AGREEMENT CONSENT TO THIS SUBTENANCY BY THE LANDLORD SHALL BE DEEMED TO BE REFUSED AND THAT OUR OCCUPATION OF THE SUBLET PREMISES IS UNAUTHORIZED UNTIL SUCH TIME AS THE LANDLORD GIVES ITS CONSENT IN WRITING AND I/WE HAVE EXECUTED THE SUBTENANCY AGREEMENT WITH THE HEAD TENANT(S).**

\_\_\_\_\_  
 (Applicant 1)

\_\_\_\_\_  
 (Applicant 2)

**ACCEPTANCE BY THE LANDLORD**

The Landlord hereby accepts this Subtenancy Application for the Rented Premises as herein described subject to execution of the Subtenancy Agreement and Landlord's written Consent to the Sublet.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Landlord or Agent)

**SUBTENANTS' PARTICULARS**

**APPLICANT 1**

**APPLICANT 2**

Present Landlord's Name		
Present Landlord's Address		
Present Landlord's Phone Number		
Years lived at present address?:		
What is your previous address?		
Years lived at previous address?		
Name of Previous Landlord		
Address of Previous Landlord		
Phone # of Previous Landlord		
Employer's Name		
Address		
Telephone		
Length of Employment		
Occupation		
Annual Income		
Previous Employer's Name		
Previous Employer's Phone		
Length of Employment		
Name of Bank		
Branch		
Account Number(s) and Type		
Other Income or Assets (Please Specify)		
Year, Make and Colour of Auto		
Licence No. (Auto)		
Driver's Licence No.		
Social Insurance No.		
Date of Birth (D/M/Y)		

**REFERENCES: Two personal** (other than relatives) and **one credit** other than the aforementioned Bank. Must be completed in full.

NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		
NAME		
ADDRESS		
PHONE		

**IN CASE OF EMERGENCY, Contact next of kin:**

NAME		
ADDRESS		
PHONE		
RELATIONSHIP		

I/We certify that the above information is complete and correct.

.....  
(Witness)

.....  
(Applicant 1)

.....  
(Witness)

.....  
(Applicant 2)