



Full Name: _____ DOB _____ ID No# _____

Passport No# _____ Phone _____ Email _____

Employed By: _____ Occupation _____ Work No# _____

Emergency Contact Name and Number _____

Address of Apartment _____

Have you ever been Evicted?	
If yes, When and Why	
Have you ever been convicted of a felony?	
If Yes When and Why	
Do you currently Smoke ?	
Do you have any pets?	
Do you have a Vehicle If Yes state model and plate no#	
Do you have children? If Yes How Many and Ages	

Have you ever willfully and intentionally refused to pay rent when due? If yes, Please Explain	
Are there any circumstances that may interrupt your income or ability to pay rent? If Yes, Please Explain:	

Rent is Due on _____ of each month and a grace period of 7 days will be given.

I _____ agreed to the amount _____ each month from Date _____.

Utilities:

- Tenants shall pay directly for electricity,
- The first bottle of Gas is given by the landlord upon moving in.
- Onward the Gas bottle is the tenant's responsibility
- The Water bill will be paid by the landlord.

Last Month Rent Prepayment:

- _____ Should be paid upon moving into the apartment and is not refundable. This payment goes to the last month rent of your stay in the apartment

Late charges and Returned Checks

- If rent is paid after 7 Days of being due without prior notice to the Landlord a fee of \$50 will be charged.
- If any check given or deposited by Tenant for the payment of rent or for any other sum due under this agreement is returned for insufficient funds a " stop payment" or any other reason, Tenant shall pay Landlord a returned check charge of \$50.

Loud Music

- _____ Music should be played in moderation, such that neighbors are not disturbed.

Pets:

- Tenants may keep pet fish
- No Dogs, Cats, Snake, Horse, Cow, Sheep, Pig, Bird, Goat, Monkey are allowed

Laundry Area:

- The laundry area is for tenants to wash their own Clothes, Bed Sheets, Curtains etc , It is not for the general public.

Damages:

- Any drilling of holes in walls, breaking of tiles, damages to the Sink, damages to the bed, or any other damages to the property will be the responsibility of the tenant.

- Any damages which weren't fixed upon leaving the premises will be deducted from the security deposit.

Maintenance:

The landlord is responsible for fixing the Sink washer, issues with the fridge, light Bulb Replacement, Door knob Fixing, Door Replacement, Toilet leak or any other due to general wear and tear repairs to the apartment.

Any changes to apartment painting, re-designing etc will require permission.

Condition of items in Apartment upon Moving in:

State in boxes below if in good, bad, moderate condition

BED	STOVE	FRIDGE	LIVING ROOM SET

TILES	SINK	TOILET	CUPBOARDS

AC UNIT & REMOTE	WALLS	WINDOWS	DOORS

I believe that the statements I have made are true and correct I hereby authorize the verification of the information I provided via communication with any and all names listed on this application and for the issuer of this form to conduct a background check to obtain additional information on credit history, criminal history and all unlawful detainers. I understand that any discrepancy or lack of information may result in the termination of this agreement.

Signature: _____ Date: _____

CO- SIGNER

By signing this form Co- Signer authorizes the landlord to perform a credit check or background check. If necessary. Co-signer forms are accepted at the landlord’s discretion, and a co-signer form does not guarantee that an applicant will be permitted use of a rental unit

Full Name: _____ DOB _____

Address _____ Phone _____

#16 Rynil Gardens, Bourne’s Village, St. George

Landlord’s street Address:

This agreement is for the apartment at Apt 3 Rynil Gardens, Bourne’s Village, St.George

Tenants Signature _____ Name: _____ Date: _____

Landlord Signature _____ Name: _____ Date: _____

Witness Signature _____ Name: _____ Date: _____