



DOMINION
P R O P E R T I E S

Parkview Apartments Tenancy Application

Apartment Number: _____

Name of Lessee.....

Postal Address.....**Phone Contact Numbers**.....

Email Address:

Employer.....

Position/Job description.....

Persons who will reside in apartment (names and age)

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Period of Lease From.....

To.....

Rental per month/quarter/year
Minimum \$.....per month

\$.....

Rental Increases: The agreed Rental will increase by 3% (rounded to the nearest one hundred dollars per payment period) at each 12 month anniversary of the lease period.

Lease Agreement: I/We have read and understand the proposed Lease Agreement and agree to the terms and conditions therein if my/our application is successful. I/We also agree that the information contained within this application form shall be part of and the basis of any Lease agreement entered into.

Signed: _____

Date: _____

Name: _____
