RENTAL APPLICATION - OXFORD R	RENTALS Date:			
Please complete and sign application - then	Scan and Email to skania	a@ <u>odyssey.oi</u>	1.ca	
TO: Lesak Holdings Inc. 204 Oxford St. West London, Ontari	<u>(Landlord)</u> io N6H 1S4 (Landlord ad	dress)		
1. RENTAL PREMISES APPLIED FOR in 9 Oxford Street E 10 Oxford S		rd Street E		
2. APPLICANT(S) NAME AND PRESEN	NT ADDRESS:			
(Name) (Apt No) (Street)	(City)	(Province)	(Postal)	
TELEPHONE: Home:Email:				
NOTE: NO DOGS, CATS OR OTHER I Applicant Signature(s) re : NO PETS: 3. PROPOSED OCCUPANT(S):			-	
3. PROPOSED OCCUPANT(S): Name	Date of Birth (MM,DD,YEAR)	Fomalo/Malo	IIWO Fansha	2040
1	Date of Diffi (MM,DD,1EAR)	remate/Mate	OVVO Falislia	IWE
2				\neg
3				
4				
5				
Term to Commence: May 1, 2024 Term to Date accommodation required: May 1, 2024				
4.(I) RENTAL INFORMATION: Monthly The applicants agree to pay for the following		 annlicable to	the rented	
premises and to provide written confirmation	on from applicable utilit			ıt of
the lease that utilities are in Applicants nam	ne(s):			
Electricity <u>yes</u> Gas <u>yes</u> Water <u>yes</u> Water	Heater <u>yes</u> Cable <u>yes</u>	Internet <u>yes</u>	Phone yes	
(ii) SUMMARY OF MONIES TO BE PA Monthly Rental \$ Contract Deposit \$30.00 TOTAL \$	AID:			

Last Month Rent (for April 2025) is due when the rental application is approved. First Month Rent is due May 1, 2024 along with 10 postdated cheques commencing June 1, 2024 to March 1, 2025.

Rental Application OXFORD RENTALS Page 2

STUDENT INFORMATION

Name:	Program_		Year of study
Present Address:	City:	Prov:	Year of study Postal Code:
Length of time lived there:	Landlord's Nan	ne:	
Landlord's Phone:			
PARENT INFORMATION	(complete for parent who	will be signing	lease with you)
Name:	Home Phone:		
Cell: Em	ail:		Fax:
Present Address:	City:	Prov:	Postal Code: (Month, Day, Year)
Years Lived there:	Date of Birth :		(Month, Day, Year)
Current Employer:	Con	ntact Name:	
Employer Address:			
Work Phone:	Fax:		
Occupation:			
STUDENT REFERENCE	(1 other than relatives)		
Name:	Phone:	Ema	ail:Postal Code:
Present Address:	City:	Prov.	Postal Code:
RIGHT TO DAMAGES ACCF CONTRACT DEPOSIT SHAI If the Landlord is unable to give reason, the Landlord shall not b Landlord is able to do so. The re Failure to give possession on th Agreement, the obligations of th In the event that a Tenancy Agr Tenancy Agreement. Any omiss termination of your tenancy by t	RUING TO THE LANDLORD, LL BE FORFEITED. possession of the rented premise e subject to any liability to the Alent shall abate until the Landlord e date of commencement shall re Tenants or in any way be conseement is entered into, this Rention or mis-statement by the Apphe Landlord even after occupant	I/WE AGREE A ses on the date of pplicants and sha l offers possession not in any way affe strued to extend the tal Application will dicants in this Rer cy has been taken	he term of this Tenancy Agreement. I be deemed to form part of the ntal Application may result in the n.
herein to obtain a consume	•	rs, previous Lan	to use the information collected dlords, references or take any ecessary from time to time to
Witness	Applicant _		
ACCEPTANCE BY THE LANDL	OPD. The landlard hereby ages	onto this Dontol A	

Landlord: _____