

Customer's name : _____

Address : _____

Tel. : _____ Email: _____

Location Address : _____

Number of people on the lease : _____ Monthly rent : _____ The lease will start on : _____



PRE-RENTAL SCREENING

Last name : _____ **First Name :** _____

Birth Date : _____ **Tel. :** _____

DD / MM / YYYY

Actual Address

Address : _____

City : _____ App : _____

Since : _____ lease under your name : yes ☐ no ☐

Monthly rent : _____

Landlord's name : _____

Tel. : _____

Previous address (if less than 3 years)

Address : _____

City : _____ App : _____

How long : _____ lease under your name : yes ☐ no ☐

Monthly rent : _____

Landlord's name: _____

Tel. : _____

Employer

Company name : _____

Address: _____

Tel : _____

Function : _____

Since: _____ Salary : _____

Contact : _____

Email : _____

Bank

Institution : _____

Address : _____

Tel : _____

Transit : _____ Account number : _____

Other incomes

Details : _____

Parents references

Name : _____

Tel. : _____ relation : _____

The lease will be signed with (cosigner on the lease):

Name : _____

Name : _____

Tel. : _____ relation : _____

I authorize the landlord, their representative, and **Crédit-Info Mirabel** to collect, consult, use, and verify the personal information required to assess my application for the rental of the property identified in this form. For this purpose, I specifically authorize the verification of my identity, current and previous addresses, rental references, employment and income, creditworthiness and credit file, as well as the consultation of **files and decisions from the Tribunal administratif du logement (TAL) and legally accessible court or judicial records**, including, where relevant, information concerning judicial or criminal history. I also authorize my current or former landlords, current or former employers, financial institutions, credit bureaus or credit reporting agencies, and any other person or organization holding relevant information to disclose to Crédit-Info Mirabel and/or the landlord the information required to complete the verifications authorized herein. I understand that the information collected will be used solely for the purpose of the pre-rental screening and the assessment of my application for the property concerned. I confirm that the information provided in this form is true and complete, and I consent to the necessary verifications being carried out with the appropriate sources. This authorization remains valid for the period necessary to complete the pre-rental screening related to this application.

Signature : _____ Date : _____

[* The candidate presented an ID : YES ☐

Landlord's Initials : _____]

[* Please note that electronic signatures are not accepted.]