

CONSENT

I/We hereby irrevocably authorize and direct you, my/our present Landlord, to complete the questionnaire found below and to provide same to Aykler Management and to advise of any other information about me/us or my/our co-residents, that is relevant to my/our suitability as a tenant.
PLEASE FAX THIS BACK TO: 416-413-1620.

Signature of Tenant:

Date:

QUESTIONNAIRE

Name of Tenant/s _____

Current Address _____

1. (a) Length of Tenancy _____ (b) Monthly Rent Paid \$ _____
(years, months)

2. Is rent paid regularly on the 1st of the month? (Circle) YES NO Almost Always Rarely

3. Have there been any N.S.F. cheques? YES NO If yes how many? _____

4. Have there been complaints about noise? YES NO

5. Have any Notices of Termination been serve? YES NO (if yes please describe below)

6. Have there been any problems with pets? YES NO (if yes describe below)

7. If the tenant re-applied for an apartment in the future would you rent to him/her?
Yes No

Name of Landlord: _____ (please print)

Completed by: _____ (please print)

Signature: _____ Phone No: _____

Date Completed: _____