

# KENRICIA HOTEL APPLICATION FOR SEASONAL RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for Seasonal Rental.

OFFICE USE				
HOTEL ROOM #	RENTAL RATE	START DATE	AGENT/REFERRED BY	
APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SOCIAL INSURANCE #	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE (    )	WORK PHONE (    )	EMAIL	
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE (    )	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE (    )	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER GUESTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL GUESTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL GUESTS 18 YEARS OR YOUNGER				
PETS				
PETS?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE (    )	START DATE	END DATE
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE (    )	START DATE	END DATE
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
EMERGENCY CONTACT				
1. NAME	ADDRESS	PHONE (    )	RELATIONSHIP	
2. NAME	ADDRESS	PHONE (    )	RELATIONSHIP	
PERSONAL REFERENCES				
1. NAME	ADDRESS	PHONE (    )	RELATIONSHIP	
2. NAME	ADDRESS	PHONE (    )	RELATIONSHIP	

BACKGROUND INFORMATION		
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State/Province, Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State/Province. <input type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE INFORMATION		
1. MAKE & MODEL	YEAR	LICENSE NO. & STATE/PROVINCE
2. MAKE&MODEL	YEAR	LICENSE NO. & STATE/PROVINCE
OTHER VEHICLES		
OTHER INFORMATION		
HOW DID YOU HEAR ABOUT THE KENRICIA HOTEL?		
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION		
I/we, the undersigned, understand and agree as follows :		
ALL ROOMS NON-SMOKING.		
ZERO TOLERANCE POLICY TO DRUGS, DRUNKS, PARTIES, INTIMIDATIONS AND DOMESTIC VIOLENCE.		
I hereby confirm and guarantee this is NOT my primary residence.		
I hereby understand this is a hotel and agree to abide by the Ontario InnKeepers Act.		
Guests visitors must be escorted in and out of the building by the guest. Maximum 2 friends allowed at once.		
I understand and agree that for breaking ANY rules, I will be forced to Check-Out and banned IMMEDIATELY without refunds and will lose my Security Deposit.		
Again, I hereby confirm this is not my Primary Residence and I understand hotels are exempt from, and are not regulated by the Ontario Residential Act, and I hereby confirm I am aware, understand and agree the Residential Tenancies Act does not apply. I will hold the hotel harmless from any legal claims. I understand and agree this is a Legal Binding Document.		
(Signature all Applicants)		Date