



**QUEBEC
LANDLORDS
ASSOCIATION**

www.apq.org

APQ TENANT RATING SERVICE

TO: APQ Tel.: 514 382-9670 - www.apq.org
Toll free: 1-888-382-9670

Checks to be done : 90 rating 360 rating Other (specify) : _____

PLEASE WRITE IN BLOCK LETTERS

MEMBER I.D. MEMBER No: _____ First name: _____ Family name: _____
Cell.:(_____) _____ - _____

DWELLING I.D. Dwelling address: _____ Apt.: _____
City: _____ Prov.: _____ Postal code: _____

PROSPECTIVE TENANT

Tenant I.D. Number (APQ use only) _____ First name: _____
Family name: _____

Date of birth: ____/____/____ Mail _____@_____
DAY MONTH YEAR

Tenant's address: _____ Apt.: _____ Tel.: (_____) _____ - _____
City: _____ Prov.: _____ Postal code: _____

How long have you resided at this address? _____ Rent paid: _____

Name of current landlord: _____ Tel.: (_____) _____ - _____

End date of lease: _____ Is the lease in your name ? YES NO

Previous landlord: _____

Previous address: _____

Tel.: (_____) _____ - _____ Lease from _____ to _____ Is the lease in your name? YES NO

EMPLOYMENT

Current employer: _____ Tel.: (_____) _____ - _____

Address: _____

City: _____ Prov.: _____ Postal code: _____

Occupation: _____ For How long? _____ Net monthly salary: _____

Other income (explain): _____

EMERGENCY CONTACT

Name: _____ Tel.: (_____) _____ - _____

Address: _____

City: _____ Prov.: _____ Postal code: _____

AUTHORIZATION

I declare and certify that the information provided herein is true. I authorize the landlord to obtain through any credit agency, personal information regarding me, most notably my credit history, financial situation and payment history, and this from any records, or persons having financial or contractual relationships with me, and from all persons whose name I have supplied as references. I authorize the landlord to communicate any such information regarding me to the Quebec Landlords Association (APQ), 1-888-382-9670, www.apq.org, and to any mandatee designated by the latter in the course of a credit investigation.

Prospective tenant's signature: **X** _____ , this ____ DAY / ____ MONTH / ____ YEAR

Signature of witness: _____