

TENANT INFORMATION FORM

CHARLIE CONDOMINIUM 8 CHARLOTTE STREET, TORONTO, ONTARIO

Suite _____ Unit _____ Level _____

Landlord's Name(s): _____ Dash Property Management _____

Landlord's Permanent Address : 1170 Bay St Suite 110, Toronto, Ontario M5S2B4

Landlord's Telephone: 416-222-6175

Term of Lease: _____ years Commencement Date: _____

Attach a copy of the application/offer to lease and the lease itself.

Tenant's Full Name(s): _____

Phone Number(s): _____

Email Address: _____

Social Insurance Number(s) _____

Driver's License Number(s): _____

Vehicle Plate Number(s): _____

Employer: _____

Number of Occupants: Adults _____ Children _____ Total _____

Adults Full Names: _____

Children's Full Names: _____ Age: _____

_____ Age: _____

Tenant's Emergency Contact Name: _____

Address: _____

Email: _____ Phone: _____

Dated at _____ this _____ day of _____ 20 _____

Tenant's Signature

Tenant's Signature