

SCHEDULE 1

Tenant Information Form

Metropolitan Toronto Condominium Corporation No. _____

Unit _____, Level _____

Municipal Address:

Landlord's Name:

Landlord's Permanent Address:

Telephone:

Term of Lease: _____ years

Commencement Date:

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

Tenant's Full Name:

Social Insurance Number:

Driver's License Number:

Vehicle Plate Number:

Number of Occupants: Adults _____, Children _____, Total _____

Adults Full Names:

Children's Full Names:

_____ Age _____
_____ Age _____

Tenant's Present Address:

Telephone:

Employer:

Business Address:

Business Telephone Number:

Name of Nearest Relative:

Nearest Relative's Address:

Telephone:

DATED at _____ this _____ day of _____, 200__

Tenant's Signature

Tenant's Signature