



**Site Office: 45 Lisgar Street, Toronto, Ontario Tel: (416) 256-0660
Fax: (416) 256-9050**

Date: _____

Dear Applicant(s):

Please be advised that the following information MUST be provided with your application for apartment # _____ at _____.

- A. Letter of reference from your Landlord which includes the Landlord's name and phone number.
- B. Letter of reference from your banking establishment indicating your present Address, your account is in good standing, and whether or not have been N.S.F's.
- C. Letter of reference from your employer, stating start date, exact location of employment, and your salary.
- D. We require a deposit for Last Month Rent (Certified Cheque or Money Order) in the amount of \$ _____ payable to "Medallion Corporation".
- E. Photo Identification such as Driver's License, Passport, Metro pass, etc.

The aforementioned must be received by: _____
If we have not received all information requested, the application will be **CANCELLED**.

APARTMENT INSURANCE

YOU WILL BE REQUIRED TO ISSUE US A COPY OF YOUR APARTMENT INSURANCE, OR IF YOU CANNOT PROVIDE A COPY, YOU MAY GIVE US THE BINDER NUMBER AND PHONE NUMBER TO CONFIRM.

YOU CAN OBTAIN APARTMENT INSURANCE THROUGH ANY INSURANCE COMPANY OF YOUR CHOICE.

YOU WILL NOT BE GIVEN THE KEYS TO THE APARTMENT UNTIL ALL THE ABOVE HAS BEEN PROVIDED.

NOTE: * Certified Cheque or Money Order must be paid upon approval of the application for First Month Rent before you receive your keys for move-in.

* Please call 2 weeks in advance for Freight Elevator Service booking.



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Landlord Signature

Applicant (s) Signature