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**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