LEASE APPLICATION & CONSENT FORM

Consumer Applicants Only Email Completed Form to admin@furygroup.ca



PRIMARY APPLICANT (Full name as	it appears	on your i	identification):								
First Given Name:	liddle Nam	me (If any):				Surname:						
Date of Birth (DD-MMM-YYYY): Marital Status:			Relation to Co-Applicant:			***************************************	No. of Dependents:			Social Insurance Number (Optional):		
Street Address (Including suite # if applicable):			City:				Province: Postal Cod			Code:	Telephone Number:	
Length of time at current address: Y M	Email Add	ress:	i			<u>i</u>					Alternative Number:	
									Length of time a	at previous address:		
EMPLOYMENT INFORMATION									i			
			gth of Employment: Current			t Occupation					Full or Part Time:	
Employment Street Address:			City:			Province:			nce:	Postal Code:	Telephone Number:	
Name of Previous Employer (If less than 2 ye	er):							Length of Time at Previous Employer: Y M				
Previous Employer's Street Address:				City:				Provir	nce:	Postal Code:	Telephone Number:	
FINANCIAL INFORMATION & OBLIGA	TIONS										-1	
Annual Gross Income (Before tax):	Other Ann	nual Incom	e:	(Other Inc	ome D	escriptior	n:				
Residence: Market Value (If owned): Monthly Payment (Mortgage or rent): Total Mo							Mortgage	ortgage Amount: Mortgage Holder:				
Name of closest living relative who does not l	ive with you	(First and	l Last Name/ T	own a	nd Provir	nce)	Relative'	s Tele	ephone	Number (Includ	ing Area Code):	
CO-LESSEE (Full name as it appears of	on vour ide	ntificatio	n):									
First Given Name:		liddle Nam			Surname:							
Date of Birth (DD-MMM-YYYY): Marital Statu	of Birth (DD-MMM-YYYY): Marital Status: Relation				pplicant:			epend	lents:	Social Insurance Number (Optional):		
eet Address (Including suite # if applicable):			City:			<u>l</u>	Province: Posta			Code:	Telephone Number:	
Length of time at current address: E	mail Addres	SS:	L								Alternative Number:	
Previous Address (If less than 2 years at present address):										Length of time at previous address: Y M		
MPLOYMENT INFORMATION												
ame of current employer: Length of Employment Y M					Current Occupation:						Full or Part Time: F/T □ P/T □	
Employment Street Address:				City:				Provin	nce:	Postal Code:	Telephone Number:	
Name of Previous Employer (If less than 2 years at current employer):										Length of Time at Previous Employer: Y M		
Previous Employer's Street Address:				City:			Province:		nce:	Postal Code:	Telephone Number:	
FINANCIAL INFORMATION & OBLIGA	TIONS										1	
Annual Gross Income (Before tax):	Other Ann	nual Incom	e:		Other Inc	ome D	escriptior	n:				
lesidence: Market Value (If owned): Monthly Payment (Mortgage own Rent					r rent): Total Mortgage Amount:				unt:	Mortgage Holder:		
Name of closest living relative who does not li	ve with you	(First and	Last Name/ T	own ar	nd Provin	ce)	Relative'	's Tele	ephone	Number (Includ	ing Area Code):	
At The Fury Group Ltd (Fury Group), we collect pers ollowing information when necessary: (1) Contact nformation and personal references for those applyin	and mailing	information	such as; name	, addres	ss, telepho	one num	nbers, fax	numbe	ers and	email addresses.	(2) Employment information,	

and registration purposes. (4) Driver's license and insurance information. (5) Life and Disability insurance information.

I/We, the undersigned, warrant the truth, completeness and accuracy of the foregoing information and hereby authorize and consent to The Fury Group Ltd (Fury Group) obtaining further information about me/us as required to establish and maintain this account. I/we further authorize Fury Group to exchange personal information about me/us with Credit Grantors, Credit Reporting Agencies and third parties where necessary; to administer this account, to protect my/our interests and Summit's or, if it is believed such disclosure is required by law. I/we agree that information so received and this statement may be retained by Fury Group.

DATE LESSEE SIGNATURE CO-LESSEE SIGNATURE