



ONE KING WEST

HOTEL • RESIDENCE

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Rental Management Program Enrolment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail Address		
Unit Number & Date Available			
Are you a Canadian resident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you been enrolled in the program before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes; Termination Date:

INSPECTION	
Date	Will Owner be present YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
<p>I certify that I have read and understand the terms and conditions of enrolment into the Rental Management Program as stated in the enrolment document. I also certify and that I understand the terms and conditions of my unit's enrolment including, but not limited to, catch up of FFE contribution; Rental Management agreement specifications and term; black out periods for enrolment.</p> <p>If this application leads to enrolment, I understand that false or misleading information in my application may result in my exclusion from the Rental Management Program.</p>	
Signature	Date