

1. IDENTIFICATION OF DWELLING:

1430, rue City Councillors
Montreal (Québec) H3B 1B4

2. TERM OF THE LEASE

- 12 months @ \$699 per month (Standard interior California shutter room)
- 12 months @ \$749 per month (Large interior California shutter room)
- 12 months @ \$824 per month (Standard exterior window room)
- 12 months @ \$835 per month (Exterior room with large window)
- 12 months @ \$849 per month (Exterior room with corner window)

Starting on 01-May-2010 and ending on 30-April-2011

3. RENT AND LEASE CONDITIONS (Included in rent):

- | | | |
|-------------------------|-----------------------|-------------------------|
| ◆ Electricity | ◆ Air conditioning | ◆ Access to cardio room |
| ◆ Heating | ◆ LCD television | ◆ Access to weight room |
| ◆ Hot Water | ◆ DVD player | ◆ Access to game room |
| ◆ Water taxes | ◆ Electric Range | ◆ Access to music room |
| ◆ Cable | ◆ Refrigerator | ◆ Access to movie room |
| ◆ Internet | ◆ Dishwasher | ◆ Access to study room |
| ◆ Furnished bedroom | ◆ Dishes, pots & pans | |
| ◆ Furnished kitchen | ◆ Small appliances | |
| ◆ Furnished living room | ◆ Shared laundry room | |

4. IDENTIFICATION FOR PROPOSED TENANT:

First Name: _____ Family Name: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Date of birth (mm/dd/yyyy): _____

5. PERSON TO CONTACT IN CASE OF EMERGENCY:

First Name: _____ Family Name: _____

Phone Number: _____ Relationship: _____

PLEASE FAX COMPLETED FORM TO 514-844-1934

INITIALS: _____

I, the undersigned, commit myself to sign a lease for the dwelling inscribed in cause 1 of the present offer to rent, providing that this offer to rent be accepted by the landlord within ten (10) days following the signature of the said offer to rent. If no response is provided by the landlord with the ten (1) days, the landlord is deemed to have accepted the offer to lease. I declare and certify that the inscribed information is true.

It is clearly understood that the present consent to collect and/or communicate any personal information is valid until the end of the lease and furthermore if the tenant's obligations are not satisfied.

Following this offer to lease, I am providing a deposit equivalent to the monthly rent which will be applied to the first month of my lease. I understand that the deposit is **ONLY** refunded if the landlord refuses my offer to rent. Otherwise, the deposit is non-refundable regardless of ANY situation that may arise to prevent me from completing the leasing process and moving in.

I understand the room requested is a preference and is not guaranteed.

I have signed in: _____ (city) Date: _____

Proposed tenant signature: _____

PLEASE FAX COMPLETED FORM TO 514-844-1934

INITIALS: _____