

# AFFINITY CREDIT SOLUTIONS

www.affinitycredit.ca

# Landlord Collection Listing Form

FAX: (780) 428-1526

Please Email, Fax, or Mail this completed form to :

AFFINITY CREDIT SOLUTIONS

303, 10187 - 104 Street  
Edmonton, Alberta, T5J 0Z9

listings@affinitycredit.ca

Toll Free (866) 759 - 8027  
Phone (780) 428 - 1463

Company Name (your): \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Contact Person : \_\_\_\_\_ Date : \_\_\_\_\_

To assist us in ensuring highest recoveries in the shortest time, please fill out this form completely and include photocopies of :

**1) Rental Applications 2) Statement of Security Deposit 3) Lease Agreement 4) Court Orders/Judgments**

Total Balance Due to Landlord: \$ \_\_\_\_\_ Property / Code / Ref.: \_\_\_\_\_

Lease Address : \_\_\_\_\_ City : \_\_\_\_\_

Postal Code : \_\_\_\_\_ DATE Vacated  or Evicted  : \_\_\_\_\_

Tenant 1 Last Name : \_\_\_\_\_ First : \_\_\_\_\_ Middle : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Social Insurance Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Forwarding Address : \_\_\_\_\_

Phone #'s : \_\_\_\_\_ Email Address: \_\_\_\_\_

Tenant 2 Last Name : \_\_\_\_\_ First : \_\_\_\_\_ Middle : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Social Insurance Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Forwarding Address : \_\_\_\_\_

Phone #'s : \_\_\_\_\_ Email Address: \_\_\_\_\_

## BALANCE CLARIFICATION and RECONCILIATION:

\$ \_\_\_\_\_ RENT OWING

\$ \_\_\_\_\_ LATE or NSF FEES

\$ \_\_\_\_\_ CLEANING CHARGES

\$ \_\_\_\_\_ CARPET CLEANING

\$ \_\_\_\_\_ GARBAGE REMOVAL

\$ \_\_\_\_\_ REPAIR WALLS

\$ \_\_\_\_\_ PAINTING

\$ \_\_\_\_\_ FLOORING REPAIRS or REPLACEMENT

\$ \_\_\_\_\_ MISC REPAIRS

\$ \_\_\_\_\_ LOCKS and KEYS

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL CHARGES minus TOTAL CREDITS \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total Balance Due to Landlord

\$ \_\_\_\_\_ DEPOSIT

\$ \_\_\_\_\_ INTEREST

\$ \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL CREDITS