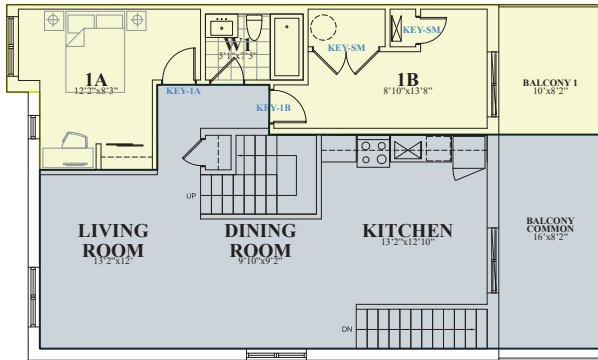


1-3069 Pharmacy Avenue

RESIDENTIAL SPACE (3-STOREYS): 2,937 sq. ft.

FIRST RESIDENTIAL FLOOR (2ND STOREY)

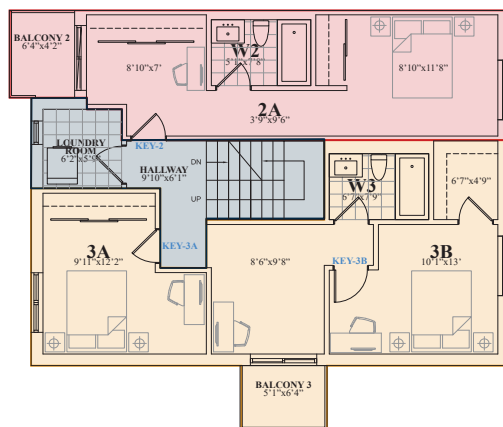


Suite 1: RENTED

Suite 2: \$1,450

2A - Bedroom
Den/Flex
Hallway
W2 - Washroom
Balcony 2

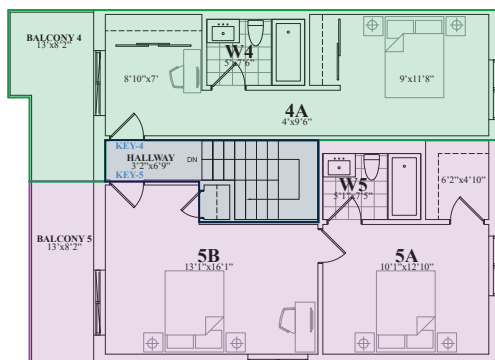
SECOND RESIDENTIAL FLOOR (3RD STOREY)



Suite 3: \$1,800

3A - Bedroom
3B - Bedroom
Den/Flex
W3 - Washroom
Balcony 3

THIRD RESIDENTIAL FLOOR (4TH STOREY)



Suite 4: \$1,550

4A - Bedroom
Den/Flex
Hallway
W4 - Washroom
Balcony 4

Suite 5: RENTED

1-3069 Pharmacy Avenue

SHARED LIVING | FURNISHED COMMON AREAS



All dimensions are approximate and subject to remeasurement by prospective tenants/buyers and their agents. Dimensions may exceed the useable floor area. Sizes and specifications subject to change without notice. Any furniture is displayed for illustration purposes only and does not necessarily reflect the electrical plan for the suite. Suite are offered unfurnished. Distinctive Real Estate Advisors Inc., Brokerage | E.&O.E. February 2026

Rental Application Residential

Form 410

for use in the Province of Ontario

I/We hereby make application to rent **3069 Pharmacy Ave, 1, Toronto, ON M1W 2H1**
from the day of 20..... at a monthly rental of \$.....
to become due and payable in advance on the day of each and every month during my tenancy.

1. Applicant #1 Date of birth SIN No. (Optional)
Drivers License No Occupation

2. Applicant #2 Date of birth SIN No. (Optional)
Drivers License No Occupation

3. Other Occupants: Name Relationship Age
Name Relationship Age
Name Relationship Age

Do you have any pets? If so, describe

Why are you vacating your present place of residence?

APPLICANT #1 LAST TWO PLACES OF RESIDENCE

Present Address

From To

Name of Landlord

Telephone:

Prior Address

From To

Name of Landlord

Telephone:

APPLICANT #1 PRESENT EMPLOYMENT

Employer

Business address

Business telephone

Position held

Length of employment

Name of supervisor

Current salary range: Monthly \$

APPLICANT #2 LAST TWO PLACES OF RESIDENCE

Present Address

From To

Name of Landlord

Telephone:

Prior Address

From To

Name of Landlord

Telephone:

APPLICANT #2 PRESENT EMPLOYMENT

Employer

Business address

Business telephone

Position held

Length of employment

Name of supervisor

Current salary range: Monthly \$

APPLICANT #1 PRIOR EMPLOYMENT

Employer

Business address

Business telephone

Position held

Length of employment

Name of supervisor

Salary range: \$

APPLICANT #2 PRIOR EMPLOYMENT

Employer

Business address

Business telephone

Position held

Length of employment

Name of supervisor

Salary range: \$

Name of Bank **Branch** **Address**

Chequing Account # **Savings Account #**

FINANCIAL OBLIGATIONS

Payments to **Amount: \$**

Payments to **Amount: \$**

PERSONAL REFERENCES

Name **Address**

Telephone: **Length of Acquaintance** **Occupation**

Name **Address**

Telephone: **Length of Acquaintance** **Occupation**

AUTOMOBILE(S)

Make **Model** **Year** **Licence No**

Make **Model** **Year** **Licence No**

The Applicant consents to the collection, use and disclosure of the Applicant's personal information by the Landlord and/or agent of the Landlord, from time to time, for the purpose of determining the creditworthiness of the Applicant for the leasing, selling or financing of the premises or the real property, or making such other use of the personal information as the Landlord and/or agent of the Landlord deems appropriate.

The Applicant represents that all statements made above are true and correct. **The Applicant is hereby notified that a consumer report containing credit and/or personal information may be referred to in connection with this rental.** The Applicant authorizes the verification of the information contained in this application and information obtained from personal references. This application is not a Rental or Lease Agreement. In the event that this application is not accepted, any deposit submitted by the Applicant shall be returned.

.....
(Signature of Applicant #1) (Date) (Signature of Applicant #2) (Date)

Telephone: Telephone:

Email Address: Email Address:

