

APPLICATION FOR TENANCY

THE LANDLORD OR LANDLORD'S AUTHORIZED AGENT (called the "Landlord") MUST COMPLETE ALL BLANKS IN THIS SECTION

A. OFFER TO RENT I/We, the undersigned (called the "Applicant"), offer to rent a rental unit in British Columbia known as:
Suite no. _____ Building Address _____ (the residential property). at a monthly rent of \$ _____ plus parking fees of \$ _____ plus other fees of \$ _____ for a total monthly cost of \$ _____. The above rent includes only the utilities checked below. Payment for all other utilities is the tenant's responsibility.

Heat Water Supply Hot Water Electricity Cablevision Gas to fireplace Garbage/Recycling Collection Sewage disposal Other _____

DATE OCCUPANCY DESIRED _____

Landlord's Name _____ Landlord's Address _____ Landlord's Phone No. _____

The Applicant agrees that if this offer is accepted, it becomes a binding agreement and the Applicant will subsequently sign the Landlord's Residential Tenancy Agreement that the Applicant has had an opportunity to examine. The Applicant acknowledges that **pets, barbecues, waterbeds and aquariums are not allowed** without advance written permission of the Landlord. The Tenancy Agreement will include these specific terms:

If this offer is accepted and the Applicant fails to sign the Landlord's Residential Tenancy Agreement, or to take possession of the rental unit, the Applicant will be liable for the payment of the equivalent of up to one month's rent to the Landlord and any related expenses incurred by the Landlord.

If this offer is accepted, the Applicant will pay a **Security Deposit** of _____ to the Landlord. If the Landlord permits the Applicant to have a pet, an additional **Pet Damage Deposit** of \$ _____ will be paid to the Landlord. The Landlord will hold the Deposit(s) until the tenancy ends.

This offer is subject to acceptance by the Landlord and is open for acceptance until 5:00 pm on _____. If not accepted by that time, this offer is void.

B. FIRST APPLICANT'S PRIMARY INFORMATION

Last Name			First Name			Middle Name			Date of Birth Month / Day / Year			Social Insurance Number * (optional)		
Present Address						City			Postal Code (Mandatory)			Primary Phone No.		
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?			Reason for Leaving						Current Rent \$			
Previous Address						City			Postal Code (Mandatory)					
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?			Reason for Leaving						Current Rent \$			

C. CO-APPLICANT'S PRIMARY INFORMATION (Complete only where different from First Applicant.)

Last Name			First Name			Middle Name			Date of Birth Month / Day / Year			Social Insurance Number * (optional)		
Present Address						City			Postal Code (Mandatory)			Primary Phone No.		
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?			Reason for Leaving						Current Rent \$			
Previous Address						City			Postal Code (Mandatory)					
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?			Reason for Leaving						Current Rent \$			

D. APPLICANT'S STATEMENTS

I/We do not own any pets I/We own a pet or pets If owned, describe pet(s) _____

I/We are non smokers I/We are smokers

NOTE: Landlord's are not responsible for tenants' possessions. If accepted, you must carry tenants' insurance covering your possessions and protecting you against liability.

I/We presently insure our belongings and for third party liability Yes No

E. CONSENT The Applicant consents to the Landlord obtaining credit, personal and employment information on the Applicant from one or more consumer reporting agencies and from other sources of such information. The Applicant authorizes the reporting agencies and any other person, including personnel from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord. If this application is accepted, the Applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.

F. APPLICANT'S SIGNATURES

NOTE: Do not sign this application unless Section A is complete and you have read it.

I/We certify that all information provided by me/us in this Application is true and correct.

Applicant's Signature

Date Signed

Co-Applicant's Signature

Date Signed

G. LANDLORD'S ACCEPTANCE

NOTE: Do not sign this form unless and until you decide to accept the Applicant(s) as your tenant(s).

The above Applicant(s) is/are accepted for tenancy, commencing _____.

Landlord's Signature

Date Signed

NOTE TO LANDLORD: If pages one and two are separated, enter the Applicant's name(s) and date of application below

First Applicant: _____ Co-Applicant: _____

Date of Application: _____

H. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION			
Secondary Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:		Photo ID Shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present Landlord/Building Manager's Name	Address		Phone No.
Previous Landlord/Building Manager's Name	Address		Phone No.
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone No.		Length of employment
Previous Employer	Position		Monthly Income
Previous Supervisor's Name	Previous Supervisor's Phone No.		Length of employment
Vehicle Make	Model	Colour	License Number
Second Vehicle Make	Model	Colour	License Number
Please give the name of a business or personal reference:			
Name	Address		Phone No.
Please give the name of next of kin, doctor or other person for emergency contact purposes:			
Name	Address		Phone No.
Name	Address		Phone No.

I. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete only where different from First Applicant)			
Secondary Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:		Photo ID Shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present Landlord/Building Manager's Name	Address		Phone No.
Previous Landlord/Building Manager's Name	Address		Phone No.
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone No.		Length of employment
Previous Employer	Position		Monthly Income
Previous Supervisor's Name	Previous Supervisor's Phone No.		Length of employment
Vehicle Make	Model	Colour	License Number
Second Vehicle Make	Model	Colour	License Number
Please give the name of a business or personal reference:			
Name	Address		Phone No.
Please give the name of next of kin, doctor or other person for emergency contact purposes:			
Name	Address		Phone No.
Name	Address		Phone No.

J. OTHER ADULT OCCUPANTS - Full names of all other adult persons (age 19 or older) to occupy this rental unit					
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name

K. OTHER MINOR OCCUPANTS - Full names of all other persons under age 19 (including infants) to occupy this rental unit					
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name

NOTES TO APPLICANT(S)

1. Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.
2. The information you provided on this pages continues as part of your Application for tenancy. Your signature on the 1st page confirms all information on both pages is true and correct.