

## **APPLICATION FOR TENANCY**

### **INSTRUCTIONS**

- 1. Landlord must complete all of Section A (Offer to Rent)
- 2. If possible, remainder of form to be completed by Landlord interviewing Applicant.
- 3. Full legal names of all Applicants are required.
- 4. For credit reporting or other reference purposes, the two pages of this Application for Tenancy can be separated.
- 5. If the pages are separated, the Landlord should enter the Applicant's name(s) and date of application on the second page.

#### **NOTE TO APPLICANTS:**

Do not sign this Application for Tenancy unless:

- > you have read and agree with all the information provided by the Landlord in Section A, and
- > all the information you have provided is true and correct.

#### **NOTES TO LANDLORDS:**

- > Do not record the expiry date of a credit card number supplied by the Applicant.
- > Do ensure the Applicant(s) sign this Application, giving you consent to do credit and reference checks.
- > **Do not** sign this Application for Tenancy unless and until you decide to accept the Applicant(s) as your new tenant(s).

# **APPLICATION FOR TENANCY**

r								
BCAOMA BRITISH COLUMBIA APARTMENT	A. OFFER TO RENT 1/W	ANDLORD OR LANDLORD'S A e, the undersigned (called the ilding Address		,	'		ANKS IN THIS SEC	CTION.  (the residential property.)
OWNERS & MANAGERS ASSOCIATION	at a monthly rent of \$	plus parking fee		plus other fees of	200		nonthly cost of \$_	
Heat ☐ Water Supply ☐	Hot Water ☐ Electricity	•	s to Fireplace 🗌	Garbage/Recycling (		Sewage disposi	al 🗌 Other	
DATE OCCUPANCY DESIRED	-							36.)
Landlord's Name		7).	andlord's Addres	Section A III	les fluorets	ližninios bet	P Down P	hone No.
The Applicant agrees that if to opportunity to examine. The will also include specific term	Applicant acknowledges that		ds and aquariun	ns are not allowed w	ithout advance	e written permiss	ion of the Landlord	
			-	eger mudae	الخوواسا		أقلل لديجات	
If this offer is accepted and the				to take possession of	the rental unit	t, the Applicant w	II be liable for the	payment of the equivalent
If this offer is accepted, the		ty Deposit of \$ I will hold the Deposit(s) unti	to the Land	dlord. If the Landlord ps.	permits the Ap	oplicant to have a	pet, an additiona	Pet Damage Deposit of
This offer is subject to accep		an a programme and	5:00 pm		cepted by tha	t time, this offer i	s void.	ndu.
B. FIRST APPLICANT'S PR	IMARY INFORMATION				Date of Birth		Social Insurance Numb	per
Last Name Present Address	First Name		Middle Name		Month /	Day / Year	L OLD	Postal Code (Mandatory)
Rent Own How Long?	0	Reason for Leaving		1				Current Rent
Previous Address	nusse w bootone	TOTAL VII DUDI VUVII		no autriculus do l	City	त्या विकास स्थाप स्थापन	ni nais ios	\$ Postal Code (Mandatory)
Rent Own How Long?		Reason for Leaving	Lanca de la constante de la co	111111111111111111111111111111111111111	1	-		Final Rent
Credit Card Name:		Credit Card N	o. INB: To be used for	credit report purposes only.	Do not provide ex	coiration date.)		\$
				Challes in the control of the control				
C. CO-APPLICANT'S PRIM	ARY INFORMATION (Comp	lete the following only where di	ifferent from the Fir	st Applicant's informatio	Date of Birth		Social Insurance Numb	per
Last Name Present Address	First Name		Middle Name		Month /	Day / Year	0000	Postal Code (Mandatory)
Rent Own How Long?	ar tibesyntation	Reason for Leaving	POLINIES.	المروم الماريين	حلضين		S. Down	Current Rent
		Trouble for Editing			Piny	chall o	maker.	s
Previous Address	Will toward on all	per med light per	i uzym Xa		City		mir all S	Postal Code (Mandatory)
Rent Own How Long?		Reason for Leaving						Final Rent
Credit Card Name:		Credit Card N	lo: (NB: To be used for	credit report purposes only.	Do not provide ex	spiration date.)		
D. APPLICANT'S STATEME	ENTS	1,						
I/We do not own any per	ts 🗌 I/We own a pet	or pets 🗌 💮 If owned, d	escribe pet(s)					
I/We are non smokers [				and for third party lial	•			. 194
		possessions. You are advise						
information on the App other person, including	olicant from one or more personnel from any gove that the above informati	her this Application for Te consumer reporting agenc ernment ministry or agenc on will also be used and d	ies and from oth y, to disclose rel	ner sources of such i levant information al	information.1 bout the App	The Applicant au licant to the Lan	thorizes the repo dlord. If this app	orting agencies and any lication is accepted, the
F. APPLICANT'S SIGNATU		gn this application unless S						
	i/we certity that	all information provided by i	me/us in this App	ilication is true and co	orrect.			
Applicant's Si	gnature	Date Signed		Co-Applicant's Signati	ıre		Date Signed	
G. LANDLORD'S ACCEPTA		gn this form unless and unt			as your tena	nt(s).		
	The above Applic	cant(s) are accepted for tena	ancy, commencing	Date o	f Оссиралс <b>у</b>			

First Applicant:				Co-Applicant:							
Date of Application:			_								
II FIDOT ADDI IOANTIO GUIDDI FAFNITADY IVI	F001/17/01/										
Phone No.	FIRST APPLICANT'S SUPPLEMENTARY INFORMATION © NO; Cell No.						Work Phone	Ño.			
Emaíl Address:					Photo ID S	hown Yes	N	lo			
Present Landlord/Building Manager's Name			Address					Pho	ne No.		
Previous Landlord/Building Manager's Name			Address					Phone No.			
Employer			Position				Monthly Inco	ome			
Supervisor's Name			Supervisor's Phone No.				How long en	How long employed			
Previous Employer			Position				Monthly Inco	Monthly Income			
Previous Supervisor's Name			Previous Supervisor's Phone No.	×			How long en	How long employed			
Vehicle Make		Model		Colour			Licence Number				
2nd Vehicle Make	nd Vehicle Make Model			Colour					Licence Number		
Please give two names of next of kin, doctor or oth	her persons for em	ergency	contact purposes:					Pho	ne No.		
Name			Address						ne No.		
I. CO-APPLICANT'S SUPPLEMENTARY INFO	RMATION (Comp	lete the	following only where d	lifferent from First Ap	plicant's	Information					
Phone No.	Cell No			Fax No.			Work Phone	No.			
Email Address:	-				Photo ID S	hown Yes	N	0			
Present Landlord/Building Manager's Name			Address					Phone No.			
Previous Landlord/Building Manager's Name			Address Phone No.								
Employer			Position				Monthly inco	Monthly Income			
Supervisor's Name			Supervisor's Phone No.				How long em	How long employed			
Previous Employer			Position					Monthly Income			
Previous Supervisor's Name			Previous Supervisor's Phone No.				How long employed				
Vehicle Make	Model					Colour	Licence Number				
nd Vehicle Make Model			Colour					Licence Number			
Please give two names of next of kin, doctor or oth	her persons for em	ergency									
Name			Address					Pho	ne No.		
Name			Address					Pho	ne No.		
J. OTHER ADULT OCCUPANTS - Full names of	of all other adult	person	s (age 19 or older) to occ	upy this rental unit							
Last Name First Name			Middle Name Last Name First Name			Middle Name					
ast Name First Name			Middle Name	: Name Last Name First Name			Middle Name				
K. OTHER MINOR OCCUPANTS - Full names of											
it. Official mintori occor Airis – i un names t	of <b>all other perso</b>	ns und	er age 19 (including infa	nts) to occupy this renta	al unit						
Last Name First Name	of <b>all other perso</b>	ns und	er age 19 (including infa	nts) to occupy this renta Last Name	al unit	First Name			Age		

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

## NOTE TO APPLICANT(S)

The information you provided on this page continues as part of your Application for Tenancy. Your signature on the first page confirms all information on both pages is true and correct.