

APPLICATION FOR TENANCY

*ADDRESS OF PROPERTY							*DESIRED OCCUPANCY DATE							
*MONTHLY RENT (\$) SECURIT				RITY DEPOSIT (\$) (1/2 MONTH'S RENT)					*AGREE TO MINIMUM				I 1 YEAR TERM? (Y/N)	
MOVE-IN FEE (\$)						MOVE-OUT FEE (\$)								
MUST COMPLETE your business, plus	A SEPARATE A provide T4's from	PPLICAT n the last	ION – a 2 years	all pa s.	rties must sign t	the app	licatio	n. If y	you are	self-employed	, plea	se pro	ACH ADULT RESIDENT ovide a short description of	
ONLY FULLY COMPLETED APPLICATIONS WILL BE PRO *APPLICANT'S FULL LEGAL NAME (LAST, FIRST MIDDLE)							CESSED. IF YOU ARE UNSURE ABOU					PREFFERED FIRST NAME (IF DIFFERENT FROM LEGAL NAME)		
*DATE OF BIRTH (MM/DD/YY) *CEL			*CELL F	ELL PHONE *F			HOME PHONE				WORK PHONE			
GOVERNMENT ISSUED ID or DRIVERS LICENSE#				*EMAIL ADDRESS										
*PRESENT ADDRESS				*CITY			*PROVINCE			POSTAL CODE				
*HOW LONG	*RENT/OWN	ENT/OWN *MONTHLY RENT *REASON FOR LEAVING												
*NAME OF BUILDING MANAGER/LANDLORD/LISTING REALTOR					*PHONE									
*PREVIOUS ADDRESS				*CITY			*PROVINCE			POSTAL CODE				
*HOW LONG	*RENT/OWN	*MONTHLY RENT *REASON FOR LEAVING												
*NAME OF BUILDING MA	ANAGER/LANDLORD/L	ISTING REA	LTOR				*PHON	ΙE						
*EMPLOYER *PO				ITION *HO\			*SUPERVISOR'S NAME				*PHONE			
PREVIOUS EMPLOYER PO			POSITIO	ON		HOW				S NAME PHON			E	
*GROSS INCOME NUMBER PER MONTH			R OF AUTOS MAKE(S)						MODEL(S)			LICENSE PLATE NUMBER (S		
*TWO PERSONAL OR BU	SINESS (NON-FAMIL)) REFERENC	ES		•									
*NAME				*RELATIONSHIP			*EMAIL			*PHONE		*PHONE		
*NAME				*RELATIONSHIP			*EMAIL				*PHONE			
*EMERGENCY CONTACT					ADDRESS				CITY			*PHONE		
full names of all OTHER	ADULT persons (age	e 19 or older	r) to occu	ipy the	premises are:									
ull names of all MINOR	TENANTS (under 19	, including ir Age:	nfants). li	nclude	full names and age	es of each	n minor	to occ Age:		premises, or who w	vill be s	taying f	or more than 2 weeks at a time.	
NSURANCE: Do you	_					carry	third	party	liabilit	y insurance?	YI	ES	NO	
BUSINESS: Do you intend to operate a business from the prem *PETS: Do you have any pets? If YES list Type: YES NO							Gender:			A	Age		. Please include photo(s)	
formation on the Appli ther person, including	cant from one or mo personnel from any hat the above inform	ore consum governmer	ner repoi nt minist	rting a	gencies and from agency, to disclos	other so e relevar espondii	urces on t informing to er	of suc mation merge	h inform n about t	ation. The Applic the Applicant to the Insuring the order	ant au he Lan	thorize dlord. I	credit, personal and employment s the reporting agencies and any f this application is accepted, the int of the tenancy and complying	
			Signed	d (Adul	t Applicant)	* Date:				, 20 Loca	ation si	gned:	BC	