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

NOTES TO LANDLORDS:

- 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

	A. OFFER TO Suite no.	RENT I/We, the un	dersigned (called the "Ap Building Address	plicant"), offer to rent a renta	al unit in Britisl	n Columbia known as:
	at a monthly rei	nt of \$p	lus parking fees of \$	plus other fees of \$	for a total	monthly cost of \$
	The above rent			yment for all other utilities is	the tenant's r	esponsibility.
leat Water Supp	bly Hot Water	Electricity Ca	ablevision Gas to Fire	place Waste Collection	Sewage D	isposal Other
DATE OCCUPANCY						Other
ANDLORD'S NAME		LANDLORD'S AD				LORD'S PHONE NO.
greement that the A	pplicant has had a	an opportunity to ex	amine. The Applicant ac	d the Applicant will subsequ knowledges that pets, bark will include these specific to	becues, wate	rbeds and aquariums are
				ncy Agreement, or to take p		
this offer is accepted	•			nd any related expenses incl e Landlord. If the Landlord		
dditional Pet Damag				dlord will hold the Deposit(s)		
		Landlord and is op	en for acceptance until 5:	00 pm on I	If not accepted	by that time, this offer is ve
					1	
FIRST APPLICANT'S	PRIMARY INFORM	ATION		Date of Birth	Social Insurance I	Number * (optional)
st Name esent Address	First Name		Middle Name City	Month / Day / Year Postal Code (Mandatory)	Primary Phon	e No.
Pret Our Hander		Decem feat and in a				
Rent Own How Lor	ıg?	Reason for Leaving				Current Rent \$
evious Address				City		Postal Code (Mandatory)
Rent Own How Lor	ng?	Reason for Leaving				Current Rent
						\$
		ION (Complete only who	re different from First Applicant.)	Date of Birth	Social Insurance I	Number * (optional)
st Name	First Name	Torr (complete only wile	Middle Name			
esent Address	First Name		City	Month / Day / Year Postal Code (Mandatory)	Primary Phon	e No.
Rent Own How Lor	ng?	Reason for Leaving				Current Rent
				lc:r.		\$
evious Address				City		Postal Code (Mandatory)
Rent Own How Lor	ıg?	Reason for Leaving				Current Rent \$
		I				
	EMENTS					
APPLICANT'S STAT		a pet or pets 🗌	If owned, describe pet(s)			
I/We do not own any I/We are non smokers	pets I/We own a I/We are sr	mokers	· · · -			
I/We do not own any I/We are non smokers	pets I/We own a I/We are sr not responsible for te	mokers mokers	· · · -	ants' insurance covering your po	ossessions and p	rotecting you against liability.
I/We do not own any I/We are non smokers NOTE: Landlord's are	pets I/We own a I/We are sr not responsible for te	mokers mokers	accepted, you must carry ten	ants' insurance covering your po	ossessions and p	rotecting you against liability.
I/We do not own any I/We are non smokers NOTE: Landlord's are I/We presently insure	pets // I/We own a // I/We are sr not responsible for te our belongings and fo // I/We are sr not responsible for te our belongings to the	e Landlord obtaining	accepted, you must carry ten Yes No	pyment information on the Ap	oplicant from o	ne or more consumer reporti
I/We do not own any I/We are non smokers NOTE: Landlord's are I/We presently insure CONSENT The Appl agencies and from government ministry	pets I/We own a I/We are sr not responsible for te our belongings and fo icant consents to the other sources of suc y or agency, to disclo	mokers enants' possessions. If a or third party liability e Landlord obtaining ch information. The ose relevant informa	Accepted, you must carry tena Yes No C credit, personal and emplo Applicant authorizes the tion about the Applicant t	oyment information on the Ap reporting agencies and any o the Landlord. If this applic	oplicant from o other person, cation is accept	ne or more consumer reporti including personnel from a ted, the Applicant understan
I/We do not own any I/We are non smokers NOTE: Landlord's are I/We presently insure CONSENT The Appl agencies and from government ministry that the above infor	pets I/We own a I/We are sr not responsible for te our belongings and fo icant consents to the other sources of suc y or agency, to disclo	mokers enants' possessions. If a or third party liability e Landlord obtaining ch information. The ose relevant informa	Accepted, you must carry tena Yes No C credit, personal and emplo Applicant authorizes the tion about the Applicant t	oyment information on the Ap reporting agencies and any	oplicant from o other person, cation is accept	ne or more consumer reporti including personnel from a ted, the Applicant understan
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I/We do not own any I/We are non smokers NOTE: Landlord's are I/We presently insure CONSENT The Appl agencies and from government ministry that the above infor legal requirements.	pets //We own a //We are sr not responsible for te our belongings and fo icant consents to the other sources of suc y or agency, to discle mation will also be of ATURES	mokers enants' possessions. If a or third party liability e Landlord obtaining ch information. The ose relevant informa used and disclosed for NOTE: Do not sign this a	Accepted, you must carry ten Yes No Applicant authorizes the tion about the Applicant to presponding to emergence application unless Section A is c	oyment information on the Ap reporting agencies and any o the Landlord. If this applic cies, ensuring the orderly man complete and you have read it.	oplicant from o other person, cation is accepi nagement of th	ne or more consumer reporti including personnel from a ted, the Applicant understan
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I/We do not own any I/We are non smokers NOTE: Landlord's are I/We presently insure CONSENT The Appl agencies and from government ministry that the above infor legal requirements. APPLICANT'S SIGNA	pets //We own a //We are sr not responsible for te our belongings and fo icant consents to the other sources of suc y or agency, to discle mation will also be to ATURES I cant's Signature PTANCE	mokers enants' possessions. If a or third party liability e Landlord obtaining ch information. The ose relevant informa used and disclosed for NOTE: Do not sign this a I/We certify that all information Date: Do not sign this formation Date: Do not sign this formation NOTE: Do not sign this formation	Accepted, you must carry tena Yes No Yes No	oyment information on the Ap reporting agencies and any o the Landlord. If this applic cies, ensuring the orderly man complete and you have read it. in this Application is true and co Co-Applicant's Signature e to accept the Applicant(s) as you	oplicant from o other person, cation is accept nagement of th prrect.	ne or more consumer reporti including personnel from a ted, the Applicant understan te tenancy and complying wi

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 No				

Email Address:				Yes	No		
Present Landlord/Building Manager's Name			Address				
Previous Landlord/Building Manager's Name			Address				
Employer			Position				
Supervisor's Name			Supervisor's Phone No.				
Previous Employer			Position				
Previous Supervisor's Name		Previous Supervisor's Phone No.			Length of employment		
Model		Colour		Ľ	icense Number		
Model		Colour		Ľ	License Number		
		-		_			
Name		Address			Phone No.		
emergency contact purpo	ses:						
Name		Address			Phone No.		
Name		Address			Phone No.		
	Model	Address Address Position Supervisor's Phone No. Position Previous Supervisor's Phone Model Model Address emergency contact purposes: Address	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Model Colour Model Colour Address emergency contact purposes: Address	Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Model Colour Model Colour Address emergency contact purposes: Address	Address Address Address Position Supervisor's Phone No. Position Previous Supervisor's Phone No. Nodel Nodel Address Address Address Address Address		

Secondary Phone No.	Cell No.	Cell No.		Fax No.			Work Phone No.	
Email Address:						Photo ID Shown	Yes	No
resent Landlord/Building Manager's Name			Address				Phone No.	
Previous Landlord/Building Manager's Name			Address					Phone No.
mployer			Position					Monthly Income
Supervisor's Name	upervisor's Name			one No.	Length of employment			
Previous Employer	evious Employer				Monthly Income			
Previous Supervisor's Name			Previous Supervisor's Phone No.				Length of employment	
/ehicle Make		Model			Colour			License Number
Second Vehicle Make		Model	Colour			License Number		
Please give the name of a busi	ness or personal reference:							
Name			Address					Phone No.
Please give the name of next o	f kin, doctor or other person fo	r emergency contact purpo	ses:					
Name			Address					Phone No.
lame			Address				Phone No.	
	PANTS - Full names of all oth	er adult persons (age 19 or d	older) to occupy t	his rental uni				
		addit persons (age 19 01			•			
Last Name	First Name	Middle	Name	Last Name		First Na	mo	Middle Name

Last Name	FILSUNATIVE	Midule Name	Last Name	FIISUNAITIE	Mildule 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.