For inquiries: 604.202.2760 royalyorkcapital.info@gmail.com

APPLICATION TO RENT

PLEASE EMAIL THIS FORM TO THE RENTAL MANGER (PLEASE PRINT CLEARLY)

Address of Premises to be rented:	
Applicant's Last Name:	Applicant's First Name:
	:
Applicant's Age (Y/M/D):/	
	address:
	Spouse's First Name:
Spouse's Age (Y/M/D):/	_/
Phone #: Email	address:
Applicant's Occupation:	
	Phone No. of Employer:
Average Salary or Annual Income: \$	# of Years employed:
Dates Employed: from:	to:
Name of Employer:	Phone No. of Employer:
Average Salary or Annual Income: \$	# of Years employed:
Number of Adults to Occupy Premises:	Ages of children if any:
Any Pets to Occupy Premises (please list):	
	oker: Yes or No For Spouse - Smoker: Yes or No
Personal References/Current Landlord:	
Name:	Phone No.:
Name:	Phone No.:
Credit References (List Bank or Credit Union):	
Name:	Phone No.:
Name:	Phone No.:
·	plication is submitted to obtain such credit reports or other information that thment and maintenance of a credit account or for any other direct business s, section 12, of the Credit Reporting Act, R.S.B.C. 1979.
I am aware that the rents shall be collected by PreAuthor	rized Debit/Credit Payment Plan, Post Dated Cheques, E-Mail Transfers only
Signature:	Dated:

TENANCY WILL BE DENIED IF YOU MISREPRESENT OR PROVIDE FALSE INFORMATION.