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

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

			A. OFFER TO R Suite no.	•	signed (called the "A Building Address	pplicant"), offer	to rent a renta	al unit in British	Columbia known as:		
at a monthly r				of \$ plus	parking fees of \$	plus other	fees of \$	for a total r	otal monthly cost of \$		
		The above rent includes only the utilities checked below. Payment for all other utilities is the tenan							esponsibility.		
Heat	Wate	er Supply	Hot Water	Electricity Cable	vision Gas to Fire	eplace Waste	e Collection	Sewage Di	sposal Other		
DATE	OCCUP	ANCY DE	SIRED						Other		
LANDI	ODDIC	NIANAT		LANDI ODDIC ADDO	VECC.				OPPIC PLIONE NO		
	ORD'S			LANDLORD'S ADDR	nd the Applicant will subsequently sign			LANDLORD'S PHONE NO.			
Agreen	nent tha	t the App	licant has had an		ine. The Applicant a	cknowledges th	at pets , bark	oecues, water	beds and aquariums are n		
be liabl If this o additio	e for the offer is a nal Pet	e payment ccepted, t Damage	of the equivalent the Applicant will p Deposit of \$	of up to one month's leave a Security Depos	rent to the Landlord a sit of \$ to to ne Landlord. The La	and any related he Landlord. If ndlord will hold t	expenses inco the Landlord (the Deposit(s)	urred by the La permits the Ap until the tenar	plicant to have a pet, an		
B. FIRS	T APPLI	CANT'S PI	RIMARY INFORMA	TION		Date of Birth		Social Insurance N	umber * (optional)		
Last Name	•		First Name	Mid	dle Name		Day / Year				
Present Ad	ddress				City	Postal Code (Mandatory)	Primary Phone	P.No.		
Rent	Own	How Long?		Reason for Leaving	1				Current Rent		
Previous A	ddress			1			City		Postal Code (Mandatory)		
Rent	Rent Own How Long?			Reason for Leaving				Current Rent			
C. CO-/		NT'S PRIM	MARY INFORMATIO	ON (Complete only where dif	fferent from First Applicant dle Name		Day / Year	Social Insurance N	umber * (optional)		
Present Ad	ddress				City	Postal Code (Mandatory)		Primary Phone No.			
Rent	Own	How Long?		Reason for Leaving					Current Rent		
Previous A	ddress	1					City		Postal Code (Mandatory)		
Rent	Rent Own How Long?			Reason for Leaving				Current Rent			
I/We I/We NOT I/We E. CON agen gove that	do not o are non E: Landlo presentl SENT T cies and	y insure ou he Applica I from oth ministry o ve informa	I/We own a part of the state of	okers — ants' possessions. If acce third party liability Landlord obtaining cre information. The Apperent of the possession of the posses	dit, personal and emp plicant authorizes the n about the Applicant	loyment informa reporting agen to the Landlord	ition on the Ap icies and any . If this applic	plicant from on other person, i	otecting you against liability. The or more consumer reporting including personnel from any led, the Applicant understands the tenancy and complying with		
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 Sig	Co-Applicant's Signature			Date Signed			
G. LAN	DLORD'	S ACCEPT		DTE: Do not sign this form e above Applicant(s) is/are	•		oplicant(s) as you	ır tenant(s).			

Date Signed

Landlord's Signature

Date of Application:				Co-Ap	olicant:					
H. FIRST APPLICANT'S SUPPLEMEN		MATION								
Secondary Phone No.	Cell No.			Fax No.			Work Phone	No.		
Email Address:	I .					Photo ID Shown	Yes	No		
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 Pho	one No.	Length of employment							
Previous Employer	Position		Monthly Income							
Previous Supervisor's Name		Previous Superv	visor's Phone I	Length of employment						
Vehicle Make		Model	Colour				L	icense Number		
Second Vehicle Make		Model			Colour			icense Number		
Please give the name of a business or personal Name	reterence:		Address					Phone No.		
Please give the name of next of kin, doctor or o	ther person for e	emergency contact purpo:	ses:							
Name		<u> </u>	Address					Phone No.		
Name			Address					Phone No.		
I. CO-APPLICANT'S SUPPLEMENTA	RY INFORMA	TION (Complete only w	here different f	rom First Ap	plicant)					
Secondary Phone No.	Cell No.			Fax No.			Work Phone	No.		
Email Address:						Photo ID Shown	Yes	No No		
Present Landlord/Building Manager's Name							Phone No.			
			Address							
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		ľ	icense Number		
Second Vehicle Make		Model			Colour		L	icense Number		
Please give the name of a business or personal	reference:		1				L	In		
Name			Address					Phone No.		
Please give the name of next of kin, doctor or on the Name	ther person for e	emergency contact purpo	ses: Address		Phone No.					
Name			Address					Phone No.		
L OTHER ARM TO COMME										
J. OTHER ADULT OCCUPANTS - Full r	ames of all other	adult persons (age 19 or o	older) to occupy t	his rental unit	:					
st Name First Name Middle I			Name Last Name			First Name		Middle Name		
ast Name First Name Middle I			Name Last Name		First Name		Middle Name			
				•						
K. OTHER MINOR OCCUPANTS - Full	names of all othe	r persons under age 19 (in	cluding infants)	to occupy this	rental unit					
Last Name First N	ame	Middle	Name	Last Name		First Name		Middle Name		
Last Name First N				Last Name		First Name		Middle Name		
		adic				sc. tailic		date Harrie		

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

NOTES TO APPLICANT(S)

- Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.
 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.