## 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 i				of \$ plus	parking fees of \$	plus other	fees of \$	for a total r	otal monthly cost of \$	
		_	The above rent in	cludes only the utilitie	es checked below. P	ayment for all o	ther utilities is	the tenant's re	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	ODDIO	NIA NAT		LANDI ODDIO ADDE	VE00				ODDIO DUONE NO	
	ORD'S			LANDLORD'S ADDR		4		LANDLORD'S PHONE NO. n the Landlord's Residential Tenand		
Agreen	nent tha	t the App	licant has had an		ine. The Applicant a	cknowledges th	at <b>pets</b> , bark	oecues, water	beds and aquariums are n	
be liable If this candition	e for the offer is a nal <b>Pet</b>	e payment ccepted, t Damage	of the equivalent the Applicant will p Deposit of \$	of up to one month's lay a <b>Security Depos</b>	rent to the Landlord a sit of \$ to to ne Landlord. The Landlord.	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	lumber * (optional)	
Last Name			First Name	Mid	dle Name	Month /	Day / Year			
Present Ac	ddress				City	Postal Code (	Mandatory)	Primary Phone	e No.	
Rent	Own	How Long?		Reason for Leaving		L			Current Rent	
Previous A	ddress	1					City		Postal Code (Mandatory)	
Rent	Rent Own How Long?			Reason for Leaving				Current Rent		
C. CO-A		NT'S PRIM	MARY INFORMATIO	ON (Complete only where di	fferent from First Applicant		Day / Year	Social Insurance N	umber * (optional)	
Present Address				Mild	City	Postal Code (		Primary Phone No.		
Rent	Own	How Long?		Reason for Leaving					Current Rent	
Previous A	ddress	_		I			City		Postal Code (Mandatory)	
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 Ap	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	pplicant from or other person, i	otecting you against liability.  The or more consumer reporting including personnel from any ed, the Applicant understands e 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		<b>DTE:</b> 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:			<del></del>	
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 Pho	one 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 or 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 <b>all other</b>	adult persons (age 19 or o	older) to occupy t	his rental unit	:				
st Name First Name Middle			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 <b>all othe</b>	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	
Name First Name Middle						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.