



APPLICATION FOR TENANCY

Property at: _____

Date Commencing: _____

Fax to: 260-4712 Or Drop off to: 5603 27 Street, Vernon BC, V1T 8Z5

1. FIRST APPLICANT'S PRIMARY INFORMATION

Last Name		First Name		Middle Name
Present Address			City	Postal Code
Res No	Cell No	Fax No	Work Phone No	
E-mail Address		Date of Birth Month / Day / Year	Social Insurance Number	
Vehicle Make	Model	Color	License Number	
2 nd Vehicle Make	Model	Color	License Number	

Supplementary Information

Present Landlord/Building Managers		Address	Phone No
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	How Long ?	Reason for Leaving
			\$ Current Rent
Previous Landlord/Building Managers		Address	Phone No
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	How Long ?	Reason for Leaving
			\$ Current Rent
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone Number		Length of employment
Previous Employer	Position		Monthly Income
Previous Supervisors Name	Previous Supervisors Phone Number		Length of employment
Personal Reference	Relationship		Phone No
Personal Reference	Relationship		Phone No

Please give names of persons for emergency contact purposes:

Name	Relationship	Phone No
Name	Relationship	Phone No

2. CO-APPLICANT'S PRIMARY INFORMATION (complete only where different from First Applicant's Information)

Last Name		First Name		Middle Name
Present Address			City	Postal Code
Res No	Cell No	Fax No	Work Phone No	
E-mail Address		Date of Birth	Social Insurance Number	
		Month / Day / Year		
Vehicle Make	Model	Color	License Number	
2 nd Vehicle Make	Model	Color	License Number	

3. APPLICANT'S STATEMENTS

I/We do not own any pets I/We own a pet or pets If owned, describe pet(s) _____

I/We are non-smokers I/We are smokers I/We presently insure our belongings and for third party liability Yes No

NOTE: The landlord is not responsible for tenant's possessions. You are advised to carry tenants' insurance coverage your possessions and protecting you against liability

4. CONSENT

For the purpose of determining whether this Application for Tenancy is acceptable, the Applicant consents to the Landlord obtaining credit, personal and employment information on the Applicant from one or more consumer reporting agencies and from other sources of such information. The applicant authorized the reporting agencies and any other person, including personal from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord. If this application is accepted, the Applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.

5. APPLICANT'S SIGNATURES

NOTE: Do not sign this application unless all the sections are complete and you have read them. I/We certify that all information provided by me/us in this Application is true and correct.

Applicant's Signature _____ Date Signed _____ Co-Applicant's Signature _____ Date Signed _____

6. OTHER ADULT OCCUPANTS – Full names of **all other adult persons** (age 19 or older) to occupy this rental unit

Last Name	First Name	Middle Name	Age
Last Name	First Name	Middle Name	Age

7. OTHER MINOR OCCUPANTS – Full names of **all other persons under age 19** to occupy this rental unit

Last Name	First Name	Middle Name	Age	Relationship
Last Name	First Name	Middle Name	Age	Relationship
Last Name	First Name	Middle Name	Age	Relationship

NOTE TO APPLICANT(S)

The information you provided on this page continues as part of your Application for Tenancy. Your signature on the first page confirms all information on both pages is true and correct.