

# APPLICATION FOR TENANCY

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

**A. OFFER TO RENT** I/We, the undersigned (called the "Applicant"), offer to rent a rental unit in British Columbia known as:  
Suite no. \_\_\_\_\_ Building Address \_\_\_\_\_

at a monthly rent of \$ \_\_\_\_\_ plus parking fees of \$ \_\_\_\_\_ plus other fees of \$ \_\_\_\_\_ for a total monthly cost of \$ \_\_\_\_\_

The above rent includes only the utilities checked below. Payment for all other utilities is the tenant's responsibility.

Heat  Water Supply  Hot Water  Electricity  Cablevision  Gas to Fireplace  Waste Collection  Sewage Disposal  Other \_\_\_\_\_

DATE OCCUPANCY DESIRED \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S ADDRESS \_\_\_\_\_ LANDLORD'S PHONE NO. \_\_\_\_\_

The Applicant agrees that if this offer is accepted, it becomes a binding agreement and the Applicant will subsequently sign the Landlord's Residential Tenancy Agreement that the Applicant has had an opportunity to examine. The Applicant acknowledges that **pets, barbecues, waterbeds and aquariums are not allowed** without advance written permission of the Landlord. The Tenancy Agreement will include these specific terms:

If this offer is accepted and the Applicant fails to sign the Landlord's Residential Tenancy Agreement, or to take possession of the rental unit, the Applicant will be liable for the payment of the equivalent of up to one month's rent to the Landlord and any related expenses incurred by the Landlord.

If this offer is accepted, the Applicant will pay a **Security Deposit** of \$ \_\_\_\_\_ to the Landlord. If the Landlord permits the Applicant to have a pet, an additional **Pet Damage Deposit** of \$ \_\_\_\_\_ will be paid to the Landlord. The Landlord will hold the Deposit(s) until the tenancy ends.

This offer is subject to acceptance by the Landlord and is open for acceptance until 5:00 pm on \_\_\_\_\_. If not accepted by that time, this offer is void.

B. FIRST APPLICANT'S PRIMARY INFORMATION				Date of Birth	Social Insurance Number * (optional)				
Last Name		First Name		Middle Name		Month / Day / Year			
Present Address				City		Postal Code (Mandatory)		Primary Phone No.	
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?		Reason for Leaving				Current Rent \$	
Previous Address				City		Postal Code (Mandatory)			
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?		Reason for Leaving				Current Rent \$	

C. CO-APPLICANT'S PRIMARY INFORMATION (Complete only where different from First Applicant.)				Date of Birth	Social Insurance Number * (optional)				
Last Name		First Name		Middle Name		Month / Day / Year			
Present Address				City		Postal Code (Mandatory)		Primary Phone No.	
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?		Reason for Leaving				Current Rent \$	
Previous Address				City		Postal Code (Mandatory)			
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?		Reason for Leaving				Current Rent \$	

**D. 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

NOTE: Landlord's are not responsible for tenants' possessions. If accepted, you must carry tenants' insurance covering your possessions and protecting you against liability.

I/We presently insure our belongings and for third party liability Yes  No

**E. CONSENT** 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 authorizes the reporting agencies and any other person, including personnel 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.

**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 Signed

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date Signed

**G. LANDLORD'S ACCEPTANCE**

**NOTE:** Do not sign this form unless and until you decide to accept the Applicant(s) as your tenant(s).  
The above Applicant(s) is/are accepted for tenancy, commencing \_\_\_\_\_.

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Date Signed

**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: \_\_\_\_\_

<b>H. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION</b>			
Secondary Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:		Photo ID Shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 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	License Number
Second Vehicle Make	Model	Colour	License Number
<b>Please give the name of a business or personal reference:</b>			
Name	Address		Phone No.
<b>Please give the name of next of kin, doctor or other person for emergency contact purposes:</b>			
Name	Address		Phone No.
Name	Address		Phone No.

<b>I. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete only where different from First Applicant)</b>			
Secondary Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:		Photo ID Shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 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	License Number
Second Vehicle Make	Model	Colour	License Number
<b>Please give the name of a business or personal reference:</b>			
Name	Address		Phone No.
<b>Please give the name of next of kin, doctor or other person for emergency contact purposes:</b>			
Name	Address		Phone No.
Name	Address		Phone No.

<b>J. OTHER ADULT OCCUPANTS</b> - Full names of all other adult persons (age 19 or older) 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

<b>K. OTHER MINOR OCCUPANTS</b> - 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.