

APPLICATION FOR TENANCY

I/we, the undersigned, also known as the application, offer to rent residential premises in British Columbia known as:

A. Suite No. _____ Building Address: _____

and I/we make a security deposit which will be held throughout my tenancy if this offer is accepted. Should I/we cancel the offer after 5 business days then I/we agree that the deposit will be forfeited as service charge. I/we further agree that when this offer is accepted, it becomes a binding agreement.

B. A monthly rent of \$ _____ plus any additional charges (parking, etc.). Date Occupancy Desired _____
It is agreed that rent is payable promptly in advance by the first day of every month.

C. Full names of all OTHER ADULT persons (age 19 or older) to occupy the premises are:

LAST NAME FIRST NAME
LAST NAME FIRST NAME
LAST NAME FIRST NAME

D. Full names of all MINORS persons (age 19 or younger) to occupy the premises are:

LAST NAME FIRST NAME
LAST NAME FIRST NAME
LAST NAME FIRST NAME

TOTAL NUMBER OF ALL PERSONS IN THIS TENANCY WILL BE _____

E. SMOKING (OF ANY KIND), PETS, BARBECUES, SHORT TERM RENTALS (AIRBNB, etc.), GROW OPS ARE NOT ALLOWED WHATSOEVER.

APPLICANT'S FULL NAME			DATE OF BIRTH		
LAST NAME:		FIRST NAME:	INITIAL:		M: D: Y:
PRESENT ADDRESS				PHONE	
		CITY:	POSTAL CODE:		
HOW LONG		RENT OR OWN	REASON FOR LEAVING		
BUILDING MANAGER/LANDLORD				PHONE	
PREVIOUS ADDRESS				PHONE	
		CITY:	POSTAL CODE:		
HOW LONG		RENT OR OWN	REASON FOR LEAVING		
BUILDING MANAGER/LANDLORD				PHONE	
EMPLOYER		POSITION		HOW LONG	
ADDRESS		PHONE		SALARY	
PREVIOUS EMPLOYER		POSITION		HOW LONG	
ADDRESS		PHONE		SALARY	
SOCIAL INSURANCE NUMBER (OPTIONAL)			EMERGENCY CONTACT		PHONE

F. INSURANCE: Do you presently have third party liability and personal belongings insurance? YES _____ NO _____

ON MOVE IN YOU ARE REQUIRED TO SHOW PROOF OF INSURANCE OF YOUR NEW SUITE WHICH IS LOCATED IN SECTION A.

G. CONSENT: FOR THE PURPOSE OF DETERMINING WHETHER MY/OUR APPLICATION FOR TENANCY IS ACCEPTABLE, I/WE CONSENT TO THE LANDLORD OBTAINING CREDIT INFORMATION REPORTS ON ME/US FROM ONE OR MORE CONSUMER REPORTING AGENCIES AND OTHER SOURCES OF SUCH INFORMATION. I/WE AUTHORIZE THE REPORTING AGENCIES AND OTHER PERSONS TO DISCLOSE INFORMATION ON ME/US TO THE LANDLORDS OR LANDLORDS AUTHORIZED AGENT.

DATED at _____, BC, this _____ day of _____ 20 _____

 PRINTED NAME OF APPLICANT SIGNATURE OF APPLICANT

Based on the Residential Tenancy Act of B.C. and the Credit Reporting Act of B.C. for the exclusive use of members of the organizations supporting the Rental Housing Council of B.C.

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