APPLICATION FOR TENANCY

A. OI residences at Unit	o n. _ (the residential	property.)								
ON THE PARK The L	monthly rent of \$ Fees add andlord must check one: Pets are not allowed tilities checked below Payment for all other utilities	diticinal to the rent may be called the called to the called the c	ons on number, type, k	orage, or other servic ind, or size, are allo	es. wed with the Landlord's	prior written app	roval 🗆 🗆			
Heat □ Water Supply □	Hot Water □ Electricity □ Cablevisio	on Gas to Fireplace [ycling Collection 🗆	Sewage disposal \square	Other				
DATE OCCUPANCY DESIRED	Landlord's Name		Landl	ord's Address		- Phone	e No.			
The Applicant Acknowledges that be	rbecues and water filled items are not allowed	without the Landlord's prio	or written consent. Th	ne Tenancy Agreem	ent will also include sp	ecific terms rela	ted to the following:			
the quivalent of all rent lost by the	pplication Deposit of \$_ that if this offer is accepted, it becomes a bindir his offer is accepted and the Applicant fails to sig es incurred by the Landlord plus, if the Tenancy of Landlord until new tenants begin paying rent. It will pay a Security Deposit of \$_ 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 If not accepted by that time, this offer is void.										
B. FIRST APPLICANT'S PRIMARY	INFORMATION				Dat	e of Birth				
<u>Last Name</u> Present Address	First Name	City	Middle Name		Postal Coda (Mandatory)	Month / Primary Pho	<u>Day</u> / Year one No.			
Rent Own How Long?	Reason for Leaving	•				·	Current Rent S			
Previous Address				City			Postal Code (Mandatory)			
Rent Own How Long?	Reason for Leaving	Reason for Leaving					Final Rent \$			
Email Address			Applicar	nt agrees this email addr	ess may be used for docume	nt service	Yes No			
C. CO-APPLICANT'S PRIMARY INF	ORMATION (Complete the following only	where different from	the First Applican	t's information)	Date	e of Birth				
Last Name	First Name	l c	Middle Name		Postal Coda (Mandatory)	Month /	Day / Year			
Present Address		City			Tosiai Coda (Mailadiory)	Tillilary Tild				
Rent Own How Long?	Reason for Leaving						Current Rent \$			
Previous Address				City			Postal Code (Mandatory)			
Rent Own How Long?	Reason for Leaving						Final Rent \$			
Email Address			Applicar	nt agrees this email addr	ess may be used for docume	nt service	Yes No			
D. APPLICANT'S STATEMENTS I/We do not own any pets I/We do not smoke tobacco or mar	I/We own a pet or pets	ned, describe pet(s) mokers	applicants we conser	nt to a joint credit r	eport Yes 🗆] No □				
E. TENANT'S INSURANCE					, 6.12					
NOTE: Landlords are not responsible /We presently insure our h	e for tenants' possessions. If accepted you must elongings and for third party liability	t carry tenants' insurance (Yes □ No □	covering your posses	sions and protectin	g you against liability.					
Insurance Company	Insurance Agent/Contact Person	Telephone/Cell No.	F	ax No.		Email				

F. 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 informations. 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.

G. FIRST APPLICANT'S SUPPLEME	NTARY INFORMATION									
Mobile/Cell Number			Work Phone Number							
Photo ID Shown Yes No	Document Type: Driver's I	Licence	BC Health Card	Passport	Other:					
Present Landlord/Building Manager's Name			Address				Phone No.			
Previous Landlord/Building Manager's Name			Address					Phone No.		
Employer			Position				Monthly Income	athly Income		
Supervisor's Name			Supervisor's Phone No.				How long employed			
Previous Employer			Position			Monthly Income				
Previous Supervisor's Name			Previous Supervisor's Phone No.	evious Supervisor's Phone No.			How long employed			
Vehicle Make		Model	Colour				Licence Number			
2nd Vehicle Make	1	Model			Colour			Licence Number		
Please give the name of a reference unrelated to you.										
Name		Addre						Pho	one No.	
Please give the name of next of kin, doctor or other person for emergency contact purposes. This information will be retained confidentially and securely. Name Address Phone No.										
H. CO-APPLICANT'S SUPPLEMENT	ARY INFORMATION (Comple	ete the	following only where	different from First Appl	licant's I	nformation)				
H. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete the following only where different from First Applicant's Information) Mobile/Cell Number Work Phone Number										
Photo ID Shown Yes No	Document Type: Driver's I	Licence	BC Health Card	Passport	Other:					
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. How le				How long employed	w long employed		
Previous Employer			Position				Monthly Income			
Previous Supervisor's Name			Previous Supervisor's Phone No.			How long employed				
Vehicle Make		Model				Colour			Licence Number	
2nd Vehicle Make	1	Model	Colour					Licence Number		
Please give the name of a reference uni	related to you.	4.11						DI.	N.	
Name		Addre						Pno	one No.	
Please give the name of next of kin, do Name	ctor or other person tor emergenc	y conta Addre		on will be retained contidention	ially and s	ecurely.		Pho	one No.	
I. OTHER ADULT OCCUPANTS - Full	names of all other adult persons (a	ge 19 o	or older) to occupy this renta	l unit						
			le Name Last Name First N			First Name	Middle Name		Middle Name	
Last Name F	ast Name First Name Middl		le Name Last Name			First Name			Middle Name	
J. OTHER MINOR OCCUPANTS - Fo	ull names of all other persons u	ınder o	age 19 (including infants)	to occupy this rental unit. See	Note 1	below.				
Last Name	First Name		Age Last Name First Name			Age				
Last Name	First Name		Age	Last Name		First Name	me Age		Age	
K. APPLICANT'S SIGNATURES	NOTE: Do not sign this app I/We certify that all inform					ct.				
Applicant's Signarute	Date	Signed	Co-Applicant's Signature				Date Signed			
L. LANDLORD'S ACCEPTANCE	NOTE: Do not sign this form					ur tenant(s). Y	our signature i	mplies	s a tenancy	
	agreement has been agreed	d to. Th	he above Applicant(s) are ac	cepted for tenancy, commencin	ng	Date of	Оссирапсу		_	
Landlord's Signature	Date	Signed								