



# Baywood Property Management Ltd

## APPLICATION FOR TENANCY (PLEASE PRINT CLEARLY)

Suite No. \_\_\_\_\_ Building Address \_\_\_\_\_

At a monthly rent of \$ \_\_\_\_\_ Date occupancy desired \_\_\_\_\_ for the term of \_\_\_\_\_  
 If application is accepted, a security deposit of \$ \_\_\_\_\_ will be required before possession. This security deposit may be held by the Landlord/or Landlord's Authorized Agent, who may hold it in a general account until the tenancy terminates. It is agreed that rent is payable promptly in advance by the first day of every month.

<b>APPLICANT'S FULL NAME</b>		<b>** DATE OF BIRTH...</b>	
		Month:	Day:      Year:
<b>PRESESENT ADDRESS (incl. Postal Code!)</b>			<b>PHONE</b>
<b>HOW LONG</b>	<b>RENT/OWN</b>	<b>REASON FOR LEAVING</b>	
<b>BUILDING MANAGER/LANDLORD</b>			<b>PHONE</b>

<b>PREVIOUS ADDRESS</b>			
<b>HOW LONG</b>	<b>RENT/OWN</b>	<b>REASON FOR LEAVING</b>	
<b>BUILDING MANAGER/LANDLORD</b>			<b>PHONE</b>

<b>EMPLOYER</b>	<b>POSITION</b>	<b>HOW LONG</b>
<b>ADDRESS</b>	<b>PHONE</b>	<b>SALARY RANGE</b>
<b>PREVIOUS EMPLOYER</b>	<b>HOW LONG</b>	<b>SALARY RANGE</b>
<b>ADDRESS</b>	<b>PHONE</b>	

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

Name: \_\_\_\_\_ \*\* Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ \*\* Date of Birth: \_\_\_\_\_

Full names of all MINOR tenants (under age 19, including infants). Include full names of each and every minor to occupy the premises and their ages.

\_\_\_\_\_

Pets, barbecues and water beds are not allowed without written permission of the Landlord or the Landlord's Authorized Agent. See clause in the Residential Tenancy Agreement on these subjects.

TOTAL NUMBER OF ALL PERSONS IN THIS TENANCY WILL BE: \_\_\_\_\_

\_\_\_\_\_ Adults  
 \_\_\_\_\_ Children  
 \_\_\_\_\_ Smokers  
 \_\_\_\_\_ Pets

**CONSENT.** \*\*FOR THE PURPOSE OF DETERMINING WHETHER MY/OUR APPLICATION FOR TENANCY IS ACCEPTABLE, I/WE HEREBY CONSENT TO THE LANDLORD OBTAINING CREDIT/PERSONAL INFORMATION REPORTS ON ME/US (INCLUDING A SPOUSE) FROM ONE OR MORE CONSUMER REPORTING AGENCIES OR FROM OTHER SOURCES OF SUCH INFORMATION. I/WE AUTHORIZE THE REPORTING AGENCIES AND OTHER PERSONS TO DISCLOSE INFORMATION ON ME/US TO THE LANDLORD OR LANDLORD'S AUTHORIZED AGENT.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ in Victoria, BC \_\_\_\_\_ signed adult applicant \_\_\_\_\_ signed adult applicant

**Baywood Property Management Ltd.**  
**Email: baywood@shawcable.com**

**2019 Oak Bay Avenue**  
**Victoria, BC V8R 1E5**  
**www.baywood.ca**

**Tel: (250) 592-5852**  
**Fax: (250) 592-5878**