



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.

| | | | | |
|---|-----------------|--|--|--------------|
| APPLICANT'S FULL NAME | | DATE OF BIRTH (**mandatory!) Day: Month: Year: | | |
| | | SOCIAL INSURANCE NUMBER (**mandatory!) | | |
| PRESENT ADDRESS (incl. Postal Code!) | | | | PHONE |
| HOW LONG | RENT/OWN | REASON FOR LEAVING | | |
| BUILDING MANAGER/LANDLORD | | | | PHONE |

| | | | | |
|----------------------------------|-----------------|---------------------------|--|--------------|
| PREVIOUS ADDRESS | | | | |
| HOW LONG | RENT/OWN | REASON FOR LEAVING | | |
| BUILDING MANAGER/LANDLORD | | | | PHONE |

| | | |
|--------------------------|-----------------|---------------------|
| EMPLOYER | POSITION | HOW LONG |
| ADDRESS | PHONE | SALARY RANGE |
| PREVIOUS EMPLOYER | HOW LONG | SALARY RANGE |
| ADDRESS | | PHONE |

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

Name: _____ **Date of Birth: _____ **SIN #: _____

Name: _____ **Date of Birth: _____ **SIN #: _____

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

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