



NORTHSHORE  
 2407 Marine Drive  
 West Vancouver, B.C.  
 office: 604-926-6011  
 fax: 604-925-0457

# TENANCY APPLICATION

*Office Use Only: ID Photocopy \_ Checked References \_ Credit Check \_  
 Deposited Attached \_ Approved \_ Denied \_*

I / We, the undersigned herein also known as the applicant hereby offer to rent residential premises in British Columbia known as:

Suite No.: \_\_\_\_\_ Property Address: \_\_\_\_\_

Monthly Rent of \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Desired Occupancy Date: \_\_\_\_\_

I /we herewith make a deposit of \$ \_\_\_\_\_ which will be applied to our first months rent if our offer is accepted. Should I/we cancel the offer before the date of acceptance then I/we agree that the deposit shall be forfeited as a service charge. I/We agree that when this offer is accepted it becomes a binding agreement; and if accepted, will enter the Residential Tenancy Agreement, which I/we have had an opportunity to examine. I/we also acknowledge having received and read the brochure *Working with a REALTOR*.

If the offer is not accepted, the deposit will be refunded. If the applicant fails to enter, or proceed with the Residential Tenancy Agreement after the offer is accepted the applicant may be held liable for payment of the equivalent of one month's rent to the Landlord. If the application is accepted a security deposit of \$ \_\_\_\_\_ will be required before possession. This security deposit may be held by the Landlord/or the 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.

### A SEPARATE APPLICATION IS REQUIRED FOR EACH ADULT

Last Name	First Name	Middle	Date of Birth
Driver's License Number:	Social Insurance Number:	Other ID:	
Home Phone Number:	Cell Phone Number:	Fax Number:	
E-mail Address:			Marital Status:

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

NAME                                      AGE                                      NAME                                      AGE

\_\_\_\_\_



Name of Supervisor	Employer Phone Number
Previous Employer (Company)	Job Title
Employer Address	Years at Company
Name of Supervisor	Employer Phone Number

**BANKING INFORMATION:**

Name of Bank	Branch Address
Types of Accounts	Account Numbers
Name of Bank	Branch Address
Types of Accounts	Account Numbers

**AUTO INFORMATION:**

Make of Vehicle:	License Plate Number	Year
Colour	Additional Vehicles	

**ADDITIONAL QUESTIONS:**

Do you currently have tenant's contents coverage and personal liability insurance?    YES \_    NO \_

Do you have any pets?    YES \_    NO \_

Are you a smoker?    YES \_    NO \_

**REFERENCES:**

Name	Relationship
Address	Phone Number

Name	Relationship
Address	Phone Number

**EMERGENCY CONTACT:**

Name	Relationship
Address	Phone Number

Consent for the purposes of determining whether my/our application for tenancy is acceptable, I/we hereby consent **ROYAL LEPAGE NORTSHORE PROPERTY MANAGEMENT** to obtain credit/personal/medical (delete term which does not apply) information reports on me/us (including 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. This application is the property of **ROYAL LEPAGE NORTSHORE** and the landlord. It will not be returned under any circumstances.

Dated at \_\_\_\_\_ B.C., this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

<b>LANDLORD/LANDLORD'S AUTHORIZED AGENT:</b>	<b>DIANA MANDER ROYAL LEPAGE NORTSHORE PROPERTY MANAGMENT</b>
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