

# APPLICATION FOR TENANCY

THE LANDLORD OR LANDLORD'S AUTHORIZED AGENT (called the "Landlord") MUST COMPLETE ALL BLANKS IN THIS SECTION.



**A. OFFER TO RENT** I/We, the undersigned (called the "Applicant"), offer to rent a rental unit in British Columbia known as: \_\_\_\_\_ (the residential property,) Suite no. \_\_\_\_\_ Building Address \_\_\_\_\_ at a monthly rent of \$ \_\_\_\_\_ plus parking fees of \$ \_\_\_\_\_ plus other fees of \$ \_\_\_\_\_ for a total monthly cost of \$ \_\_\_\_\_. The above rent includes only the utilities checked below. Payment for all other utilities is the tenant's responsibility.

Heat  Water Supply  Hot Water  Electricity  Cablevision  Gas to Fireplace  Garbage/Recycling Collection  Sewage disposal  Other \_\_\_\_\_

**DATE OCCUPANCY DESIRED** \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Landlord's Address \_\_\_\_\_ Phone No. \_\_\_\_\_

The Applicant agrees that if this offer is accepted, it becomes a binding Agreement and the Applicant will subsequently sign the Landlord's Residential Tenancy Agreement that the Applicant has had an opportunity to examine. The Applicant acknowledges that **pets, barbecues, waterbeds and aquariums are not allowed** without advance written permission of the Landlord. The Tenancy Agreement will also include specific terms related to the following:

If this offer is accepted and the Applicant fails to sign the Landlord's Residential Tenancy Agreement, or to take possession of the rental unit, the Applicant will be liable for the payment of the equivalent of up to one month's rent to the Landlord and any related expenses incurred by the Landlord.

The Applicant herewith makes an **Application Deposit** of \$ \_\_\_\_\_ (**this is not a security deposit**) that will be applied to the first month's rent if this offer is accepted. If this offer is not accepted, the application deposit will be returned.

If this offer is accepted, the Applicant will pay a **Security Deposit** of \$ \_\_\_\_\_ to the Landlord. If the Landlord permits the Applicant to have a pet, an additional **Pet Damage Deposit** of \$ \_\_\_\_\_ will be paid to the Landlord. The Landlord 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.  
Date

**B. FIRST APPLICANT'S PRIMARY INFORMATION**

Last Name				First Name				Middle Name				Date of Birth				Social Insurance Number *(Optional)							
Present Address												City				Postal Code (Mandatory)				Primary Phone No.			
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		How Long?				Reason for Leaving								Current Rent \$							
Previous Address												City				Postal Code (Mandatory)				Final Rent \$			
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		How Long?				Reason for Leaving								Final Rent \$							
Credit Card Name:												Credit Card No. (NB: To be used for credit report purposes only. Do not provide expiration date.) (Optional)											

**C. CO-APPLICANT'S PRIMARY INFORMATION (Complete the following only where different from the First Applicant's information)**

Last Name				First Name				Middle Name				Date of Birth				Social Insurance Number *(Optional)							
Present Address												City				Postal Code (Mandatory)				Primary Phone No.			
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		How Long?				Reason for Leaving								Current Rent \$							
Previous Address												City				Postal Code (Mandatory)				Final Rent \$			
Rent <input type="checkbox"/>		Own <input type="checkbox"/>		How Long?				Reason for Leaving								Final Rent \$							
Credit Card Name:												Credit Card No. (NB: To be used for credit report purposes only. Do not provide expiration date.) (Optional)											

**D. APPLICANT'S STATEMENTS**

I/We do not own any pets  I/We own a pet or pets  If owned, describe pet(s) \_\_\_\_\_  
 I/We do not smoke tobacco or marijuana and do not vape  I/We are smokers  As co-applicants we consent to a joint credit report Yes  No   
**NOTE:** Landlords are not responsible for tenants' possessions. If accepted you must carry tenants' insurance covering your possessions and protecting you against liability.  
 I/We presently insure our belongings and for third party liability Yes  No

**E. 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 information. 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.

**F. APPLICANT'S SIGNATURES**

**NOTE:** Do not sign this application unless Section A is complete and you have read it.  
 I/We certify that all information provided by me/us in this Application is true and correct.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**G. LANDLORD'S ACCEPTANCE**

**NOTE:** Do not sign this form unless and until you decide to accept the Applicant(s) as your tenant(s).  
 The above Applicant(s) are accepted for tenancy, commencing \_\_\_\_\_ Date of Occupancy \_\_\_\_\_

Landlord's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



**H. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION**

Secondary Phone No.		Cell No.		Fax No.		Work Phone No.	
Email Address:						Photo ID Shown	
						Yes <input type="checkbox"/>	
						No <input type="checkbox"/>	
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 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		Model		Colour		Licence Number	
<b>Please give the name of a business or personal reference:</b>							
Name		Address				Phone No.	
<b>Please give the name of next of kin, doctor or other person for emergency contact purposes:</b>							
Name		Address				Phone No.	
Name		Address				Phone No.	

**I. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete the following only where different from First Applicant's Information)**

Secondary Phone No.		Cell No.		Fax No.		Work Phone No.	
Email Address:						Photo ID Shown	
						Yes <input type="checkbox"/>	
						No <input type="checkbox"/>	
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 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		Model		Colour		Licence Number	
<b>Please give the name of a business or personal reference:</b>							
Name		Address				Phone No.	
<b>Please give the name of next of kin, doctor or other person for emergency contact purposes:</b>							
Name		Address				Phone No.	
Name		Address				Phone No.	

**J. OTHER ADULT OCCUPANTS – Full names of all other adult persons (age 19 or older) to occupy this rental unit**

Last Name			First Name			Middle Name			Last Name			First Name			Middle Name		
Last Name			First Name			Middle Name			Last Name			First Name			Middle Name		

**K. OTHER MINOR OCCUPANTS – Full names of all other persons under age 19 (including infants) to occupy this rental unit**

Last Name			First Name			Age			Last Name			First Name			Age		
Last Name			First Name			Age			Last Name			First Name			Age		

**NOTES TO APPLICANT(S)**

1. Social Insurance and Credit Card numbers are requested for the sole purpose of obtaining the correct credit record information.
2. The information you provided on this page continues as part of your Application for Tenancy. Your signature on the first page confirms all information on both pages is true and correct.



# APPLICATION FOR TENANCY

## INSTRUCTIONS

1. Landlord must complete all of Section A (Offer to Rent).
2. If possible, remainder of form to be completed by Landlord interviewing Applicant.
3. Full legal names of all Applicants are required.

## NOTES TO APPLICANTS:

**Do not** sign this Application for Tenancy unless:

- You have read and agree with all the information provided by the Landlord in Section A.
- All the information you have provided is true and correct.

A joint credit report may slightly increase or decrease the Credit Score of one or both individuals. Please consider this when agreeing to the Landlord obtaining a credit report.

## NOTES TO LANDLORDS:

- **Do** add material terms such as smoking restrictions in Section A.
- **Do not** record the expiry date of a credit card number supplied by the Applicant.
- **Do** ensure the Applicant(s) sign this Application, giving you consent to do credit and reference checks.
- **Do not** sign this Application for Tenancy unless and until you decide to accept the Applicant(s) as your new tenant(s).
- If requesting an application deposit **do not** make the amount equal to half a month's rent.

For questions on how to use this form and/or information on obtaining credit record information, email [info@help4landlords.ca](mailto:info@help4landlords.ca) or phone [250-213-2627](tel:250-213-2627)