

APPLICATION FOR TENANCY MAITLAND STREET VILLAGE

A. FIRST APPLICANT'S PRIMARY INFORMATION				Date of Birth	Social Insurance Number * (optional)
Last Name		First Name	Middle Name	Month / Day / Year	
Present Address			City	Postal Code (Mandatory)	Primary Phone No.
Rent	Own	How Long?	Reason for Leaving		Current Rent \$
Previous Address				City	Postal Code (Mandatory)
Rent	Own	How Long?	Reason for Leaving		Current Rent \$

B. CO-APPLICANT'S PRIMARY INFORMATION (Complete only where different from First Applicant.)				Date of Birth	Social Insurance Number * (optional)
Last Name		First Name	Middle Name	Month / Day / Year	
Present Address			City	Postal Code (Mandatory)	Primary Phone No.
Rent	Own	How Long?	Reason for Leaving		Current Rent \$
Previous Address				City	Postal Code (Mandatory)
Rent	Own	How Long?	Reason for Leaving		Current Rent \$

C. APPLICANT'S STATEMENTS					
I/We do not own any pets <input type="checkbox"/>					
I/We are non smokers <input type="checkbox"/>					
NOTE: Landlord's 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 <input type="checkbox"/> No <input type="checkbox"/>					

D. 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.					
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E. 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	

F. 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) is/are accepted for tenancy, commencing_____.			
_____		_____			
Landlord's Signature		Date Signed			

Supplementary Info

Please fill in the lines below

- How many adults? _____ and/or how many children? (under 18) _____
- Do you require parking? Reserved parking may be available.
- Do you have mobility issues? _____
- 1-bedroom suites will be available at \$1060.00 per month 2-bedroom suites will be available at \$1260.00 per month and 3-bedroom suites will be available at \$1560.00 per month.
- Some suites may qualify for BC Housing Subsidy depending on an individual's circumstances.

NOTE TO LANDLORD: If pages one and two are separated, enter the Applicant's name(s) and date of application below.

First Applicant: _____ Co-Applicant: _____

Date of Application: _____

G. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION			
Secondary Phone No.	Cell 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 (if you have lived at current residence less than 1 year)	Address		Phone No.
Source of Income (Employment, Disability, Fixed Income etc)	Current Monthly Income		
Current Employer and Phone Number	Position	Length of Employment	
Previous Employer and Phone No	Position	Length of Employment	
Vehicle Make	Model	Color	License Number
Second Vehicle Make	Model	Color	License Number
Please give the name of a business or personal reference:			
Name	Address		Phone No.
Please give the name of next of kin, doctor or other person for emergency contact purposes:			
Name	Address		Phone No.
Name	Address		Phone No.

H. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete only where different from First Applicant)			
Phone No.	Cell No.	Work Phone 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 (if you have lived at current residence less than 1 year)	Address		Phone No.
Source of Income (Employment, PWD, Fixed Income etc)	Current Monthly Income		
Current Employer and Phone Number	Current Position	Length of Employment	
Previous Employer and Phone Number	Previous Position	Length of Employment	
Vehicle Make	Model	Color	License Number
Please give the name of a business or personal reference:			
Name	Address		Phone No.
Please give the name of next of kin, doctor, or other person for emergency contact purposes:			
Name	Address		Phone No.
Name	Address		Phone No.

I. 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	DOB	Last Name	First Name	Middle Name	DOB
Last Name	First Name	Middle Name	DOB	Last Name	First Name	Middle Name	DOB

J. OTHER MINOR OCCUPANTS - Full names of all other persons under age 19 (including infants) to occupy this rental unit							
Last Name	First Name	Middle Name	DOB	Last Name	First Name	Middle Name	DOB
Last Name	First Name	Middle Name	DOB	Last Name	First Name	Middle Name	DOB

NOTES TO APPLICANT(S)

1. Social Insurance Numbers are requested for the sole purpose of obtaining credit reports.
2. The information you provided on this page continues as part of your application for tenancy. Your signature on the 1st page confirms all information on both pages is true and correct.