

APPLICATION FOR TENANCY MAITLAND STREET VILLAGE

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

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

Supplementary Info

<p>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.</p>
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E. APPLICANT'S SIGNATURES				<p>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.</p>			
_____		_____		_____		_____	
Applicant's Signature		Date Signed		Co-Applicant's Signature		Date Signed	

F. LANDLORD'S ACCEPTANCE		<p>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 _____.</p>					
_____		_____					
Landlord's Signature		Date Signed					

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. Please apply online.
- **Email the application to manager@albernilowenergyhousing.com**

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, PWD, Fixed Income etc)		Disability Monthly Income	
Current Employer and Phone Number		Position/Length of Employment	Monthly /Income
Previous Employer and Phone No		Position/Length of Employment	Monthly Income
Vehicle Make	Model	Color	License Number
Second Vehicle Make (Co-applicant)	Model	Color	License Number
Please give the name of a business or personal reference:			
Name		Address	Phone No.
Name		Address	Phone No.
Name		Address	Phone No.
Please give the name of an emergency contact:			
Name		Address	Phone No.

H. CO-APPLICANT'S SUPPLEMENTARY INFORMATION (Complete only where different from First Applicant)			
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, PWD, Fixed Income etc)		Disability Income	
Current Employer and Phone Number		Position/Length of Employment	Monthly Income
Previous Employer and Phone Number		Previous Position/Length of Employment	Monthly Income
Please give the name of a business or personal reference:			
Name		Address	Phone No.
Name		Address	Phone No.
Name		Address	Phone No.
Please give the name of an emergency contact:			
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)

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.