

### Rental Application Form

Application to rent the property located at, with an occupancy start date of:

\_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

#### APPLICANT #1 PERSONAL INFORMATION

|   |      |                    |           |
|---|------|--------------------|-----------|
| Name:   |      |                    |           |
| Telephone #:  |      | Email:             |           |
| Date of Birth:  | SIN: | Driver's License # | Province: |
| *Please note, you may provide either your SIN or your Driver's License. You are not required to put both. |      |                    |           |

#### APPLICANT #2 PERSONAL INFORMATION

|   |      |                    |           |
|---|------|--------------------|-----------|
| Name:   |      |                    |           |
| Telephone #:  |      | Email:             |           |
| Date of Birth:  | SIN: | Driver's License # | Province: |
| *Please note, you may provide either your SIN or your Driver's License. You are not required to put both. |      |                    |           |

#### ADDITIONAL OCCUPANTS:

|       |  |      |  |
|-------|--|------|--|
| Name: |  | Age: |  |
| Name: |  | Age: |  |

#### PETS:

|  |         |                  |  |
|--|---------|------------------|--|
| Indicate <b>YES</b> or <b>NO</b>   |         |                  |  |
| Breed:   | Weight: | Spayed/Neutered: |  |
| *An additional pet deposit equal to 1/2 months rent is required for all tenancies where pets have been approved. |         |                  |  |

#### SMOKING:

|  |  |  |  |
|--|--|--|--|
| Indicate: <b>YES</b> or <b>NO</b>                      |  |  |  |
| Do you carry tenant insurance: <b>YES</b> or <b>NO</b> |  |  |  |

#### VEHICLE INFORMATION:

|       |        |       |
|-------|--------|-------|
| Make: | Model: | Year: |
| Make: | Model: | Year: |

#### PERSONAL REFERENCES:

|       |          |               |
|-------|----------|---------------|
| Name: | Phone #: | Relationship: |
| Name: | Phone #: | Relationship: |

I hereby state that the information contained herein is true and I authorize my references as listed above and below to release information regarding my employment and/or past/current tenancies. I also authorize a credit check to be conducted. Failure to fill in the entire application could result in a delay in processing.

|                            |       |
|----------------------------|-------|
| Signature of Applicant #1: | Date: |
| Signature of Applicant #2: | Date: |

| <b>APPLICANT #1 CURRENT/PAST TENANCY</b>  |                  |              |
|---|------------------|--------------|
| Current Address:  |                  |              |
| City:   | Province:        | Postal Code: |
| Length of Stay:   | Monthly Rent:    |              |
| Landlord Name:  | Landlord Number: |              |
| *If your current tenancy is less than 5 years, please provide previous tenancies: |                  |              |
| Address:  |                  |              |
| City:   | Province:        | Postal Code: |
| Length of Stay:   | Monthly Rent:    |              |
| Landlord Name:  | Landlord Number: |              |
| <b>APPLICANT #2 CURRENT/PAST TENANCY</b>  |                  |              |
| Current Address:  |                  |              |
| City:   | Province:        | Postal Code: |
| Length of Stay:   | Monthly Rent:    |              |
| Landlord Name:  | Landlord Number: |              |
| *If your current tenancy is less than 5 years, please provide previous tenancies: |                  |              |
| Address:  |                  |              |
| City:   | Province:        | Postal Code: |
| Length of Stay:   | Monthly Rent:    |              |
| Landlord Name:  | Landlord Number: |              |

| <b>APPLICANT #1 EMPLOYMENT INFORMATION</b>   |                       |
|--|-----------------------|
| Company Name:  | Occupation:           |
| Supervisor Name:   | Supervisor Phone #    |
| Monthly Wage:  | Length of employment: |
| Other income description (e.g. Disability, Pension, Savings):                          |                       |
| *If your current employment is less than 5 years, please provide previous employments: |                       |
| Company Name:  | Occupation:           |
| Supervisor Name:   | Supervisor Phone #    |
| Monthly Wage:  | Length of employment: |
| <b>APPLICANT #2 EMPLOYMENT INFORMATION</b>   |                       |
| Company Name:  | Occupation:           |
| Supervisor Name:   | Supervisor Phone #    |
| Monthly Wage:  | Length of employment: |
| Other income description (e.g. Disability, Pension, Savings):                          |                       |
| *If your current employment is less than 5 years, please provide previous employments: |                       |
| Company Name:  | Occupation:           |
| Supervisor Name:   | Supervisor Phone #    |
| Monthly Wage:  | Length of employment: |

**Important Notice:**

Rules for licensed property managers regarding representation in real estate transactions in B.C. require us to inform potential tenants and people interested in renting a property of the following information.

Alwyns Property Management Ltd. represents the owner of the property and unless you have your own representative, you would be considered as an unrepresented party. A copy of Renting Residential Property: What Tenants Need to Know and Real Estate Professional Disclosure Details can be found on our website at [Alwyns.com/Tenants](http://Alwyns.com/Tenants)

By completing this application, you acknowledge having read this information and understand the nature of the relationship.

**EMAIL YOUR COMPLETED APPLICATION FORM TO [INFO@ALWYNDS.COM](mailto:INFO@ALWYNDS.COM)**