

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 eithe	er your SIN or your D	river's License. You are not required to p	out both.
APF	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.			out both.
ADDITIONAL OCCUPANTS:			
Name: Age:			
Name: Age:			
PETS:			
Indicate YES or NO			
Breed: Weight: Spayed/Neutered:			
*An additional pet deposit equal to ½ months rent is required for all tenancies where pets have been approved.			
SMOKING:			
Indicate: YES or NO			
Do you carry tenant insurance:	YES or NO)	

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:



APPLICANT #1 CURRENT/PAST TENANCY

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	Number:	
APPLICANT #2 CURRENT/PAST TENANCY				
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	r:	

APPLICANT #1 EMPLOYMENT INFORMATION		
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:	
APPLICANT #2 EMPLOYMENT INFORMATION		
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.

Alwynds 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 <u>Alwynds.com Application</u>

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