

APPLICATION TO RENT

FirstService Residential

A. OFFER. I/We the undersigned, herein also known as the applicant, hereby offer(s) to rent from FirstService Residential ("Landlord") the premises

described as:			
Suite No.	Туре	Building address	

B. At a monthly rent of \$ _____; Plus parking \$_____; Total \$_____. Date occupancy desired _____

Landlord's agent: **FirstService Residential, 200 Granville Street, Suite 700, Vancouver, B.C. V6C 1S4,** and if accepted, will enter the standard tenancy agreement shown to me/us, which I/we have had an opportunity to examine and includes a security deposit of \$________ for which receipt is attached. If this offer is not accepted, the deposit shall be refunded. If the applicant fails to enter, or proceed with, the tenancy agreement after the offer is accepted, the applicant shall be held liable for payment of the equivalent of one month's rent to the landlord as liquidated damages and any related expenses incurred by landlord for failture to complete the agreement. The agent may release the security deposit to the Landlord (who may hold it in his general account until tenacy terminates). Rent is payable prompty in advance by first of the month.

C. Names of all other adult persons (age 19 or older) to occupy the premises. Include given names for each one. Print clearly.

Names of minor tenants (under age 19, including infants). Include names of each and every minor to occupy the premises and their ages.

D. INFORMATION re adult applicants, to be completed in full for each one. Print clearly Management reserves the right to refuse to consider this application unless all questions contained herein are answered completely.

	Primary Applicant	Co-Applicants
•	NAME	
•	BIRTHDATE:	
•	SOCIAL INS. NO (Optional):	
•	PHONE (Home & Work & Cell):	
•	EMAIL ADDRESS:	
•	PRESENT ADDRESS:	
•	CURRENT RENT AMOUNT:	
•	PRESENT LANDLORD'S NAME & PHONE:	
	LENGTH OF STAY:	
	REASON FOR LEAVING:	
•	PREVIOUS ADDRESS:	
	PREVIOUS LANDLORD'S NAME & PHONE:	
	LENGTH OF STAY:	
	REASON FOR LEAVING	
•	OCCUPATION:	
	GROSS MONTHLY INCOME & LENGTH OF EMPLOYMENT:	
	EMPLOYER'S NAME & PHONE:	
	EMPLOYER'S ADDRESS:	
	MAKE & YR. OF CAR: CAR LICENCE #:	
	PERSON TO CONTACT IN EMERGENCY – NAME	PHONE:
E.	INSURANCE. Do you presently insure your own belongings and third party liability? YE The tenant will be required to carry sufficient insurance to cover his property from loss tenant's possessions.	

F. I declare all information provided is true and factual.

- G. CONSENT. I hereby consent to FirstService Residential in collecting, using and disclosing my personal information for purposes of identifying me, communicating with me, determining my eligibility for the tenancy, assessing my credit worthiness, processing payments, responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements. And in that regard I further consent to FirstService Residential in obtaining further personal information from my employer, my present and former landlord or property managers and one or more consumer credit agencies and authorize those persons to provide such information to FirstService Residential.
- H. _____Dated

Signed Adult Applicant

Signed Adult Applicant

I. DEPOSIT. FirstService Residential acknowledges receipt of the deposit on behalf of the Landlord.