

APPLICATION FOR TENANCY

undersigned, here	in also known as	the applic	ant(s), he	reby offei	r to rent	residential	premises in	British Colu	the owners. I/We, the mbia known as: Suite plus parking equal to half a month's	
rent upon approvaterminates. I/We f	al of this application urther agree that if This applicat	on. The La this applic ion is subje	andlord or ation is acc ect to acce	Landlord' cepted, i/ ' ptance by	's Authori We will er the Land	zed Agent v ntera Reside lord's Autho	will hold the ential Tenand orized Agent	security dep cy Agreemen and is open t	equal to half a month's posit, until the tenancy tfor a minimum period for acceptance for FIVE please provide a short	
description of your								ii cilipioyeu,	picase provide a snore	
APPLICANT'S FULL NAME						DATE OF BIRTH (MM/DD/YY)				
PHONE(S)					EMAIL					
PRESENT ADDRESS			CITY		PRC)V	POSTAL CODE			
HOW LONG?	RENT/OWN	MONTHLY \$	RENT	REASON FO LEAVING						
BUILDING MANAGER/ LANDLORD/LISTING REALTOR			CELL PHONE			PHO	PHONE/EMAIL			
PREVIOUS ADDRESS					CITY	CITY		V	POSTAL CODE	
HOW LONG?	RENT/OWN	MONTHLY	RENT	REASON FO	ıR			•		
BUILDING MANAGER/ LANDLORD/LISTING REALTOR			CELL PHONE			PHO	PHONE/EMAIL			
EMPLOYER			POSITION				HOW LONG?			
SUPERVISOR			PHONE CELL PHONE			LOF	CURRENT GROSS MONTHLY INCOME			
NAME	D PERSONAL OR BUSINESS (NON-FAMILY) REFERENCES ADDRESS PHONE									
NAME		ADDRESS PHONE								
	ANT MUST COMPL OTHER ADULT pers					ises for 14 d	ays or more	within a year	are:	
	g for, more than 1	4 days or m	ore within	a year.					upy the premises, or	
	Age:					Age:			Age:	
	intend to operate a					Yes	No			
PETS: Do you have SMOKING: Do you	No l	If YES list Type: Number: Spayed/Neutered: Do you vape? Yes No					ered:	Age:		
SIVIORIIVO. DO YOU	smoke? Yes	140		D(you vape	: 103	140			
communicating wit emergencies, ensuri Proline Managemen	h me, determining ng the orderly man It Ltd. obtaining fur ner agencies and a	my eligibi agement of ther person uthorize the	lity for the the tenandal informatose persons	e tenancy, cy and con tion from r s to provid	assessing nplying wi ny employ le such inf	my credit th legal requ er, my prese formation to	worthiness, uirements. A ent and forme Proline Mar	processing pa nd in that reg er landlord or nagement Ltd.	poses of identifying me, ayments, responding to ard I further consent to property managers and I understand that I am coverage.	
Signed (Adult Ap	plicant)								Approved (PM Initials &	
Date:		, 20		LOCATION	SIGNED:			, BC	Date):	