

## **APPLICATION FOR TENANCY**

undersigned, here	ein also known as	the applic	cant(s), hei	reby offer	to rent r	resider	ntial	premises in	Bri	tish Colun	he owners. I/We, the nbia known as: Suite	e	
No Building Address						at a monthly rent of \$ plus parking _ The applicant agrees to pay a security deposit equal to half a month's							
\$ 10tal \$_ rent upon approv	Desired (	on The L	pate andlord or	Landlord	_ The appli 's Authoriz	ed Age	gree	s to pay a sec	urit	y deposit e urity deno	equal to hair a month osit, until the tenanc	5	
											for a minimum perio		
											r acceptance for <b>FIV</b>		
											lease provide a shor		
description of you	r business on the re	everse and	verification	of your b	usiness and	d its inc	ome	2.					
APPLICANT'S						DATE OF BIRTH (MM/DD/YY)							
FULL NAME PHONE(S)						EMAIL							
PRESENT						CITY PROV					POSTAL CODE	-	
ADDRESS										_			
HOW LONG?	RENT/OWN	MONTHLY \$	RENT	REASON FOR LEAVING									
BUILDING MANAGER/	CELL PHON			PHO	PHONE/EMAIL			1					
LANDLORD/LISTING REA PREVIOUS				CITY			PRO	V		POSTAL CODE	-		
ADDRESS	DENT/OWN	MONTHLY	DENT	DEACON FO	D.							4	
HOW LONG?	RENT/OWN	MONTHLY \$	KENI	REASON FO LEAVING	NK .								
BUILDING MANAGER/ LANDLORD/LISTING REA	CELL PHON	E				PHO	PHONE/EMAIL						
EMPLOYER	-1	POSITION	_			HOV	V		1				
SUPERVISOR F			PHONE		CELL PHONE			LON	G?	CURRENT G	ROSS MONTHLY	_	
SOT ERVISOR		'	TIONE			CLLL I'II	0112			INCOME			
		TW	O PERSONAL	OR BUSINES	S (NON-FAM	ILY) REF	EREN	CES				_	
NAME	ADDRESS PHONE												
NAME	ADDRESS						PHONE						
	IANT MUST COMP OTHER ADULT pers	_				ses for 1	14 da	ays or more v	vith	in a year a	re:	J	
			_		ıclude full r	names	and a	ages of each	min	or to occu	py the premises, or	_	
who will be stayir	ng for, more than 1	4 days or m	nore within	a year.									
	Age:					Age: _		_			Age:	_	
BUSINESS: Do you	ı intend to operate a	husinoss fi	rom the pro	micoc2		V	es	No				1	
PETS: Do you have				Number: Spayed/						Age:			
SMOKING: Do you smoke? Yes No											6		
communicating wit emergencies, ensur Proline Managemer one or more consur applying for a prope	th me, determining ing the orderly man nt Ltd. obtaining fur	my eligibingement of their person uthorize the ance is required.	ility for the f the tenan nal informat ose persons ired for my	tenancy, cy and con ion from r to provide personal	assessing nplying wit ny employe e such info pelongings	my creat h legal er, my pormation and agi	edit requ orese n to ree t	worthiness, pirements. And forme Proline Man o carry third p	orocond in r lai agei party	essing pay n that regandlord or p ment Ltd. I y liability c	ted	o o d	
Signed (Adult Ap	oplicant)										Approved (PM Initials & Date):		
Date:		, 20		LOCATION	SIGNED:				,	ВС			