

VANCOUVER OFFICE:

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info@pacificquorum.com

**SURREY OFFICE:**

201-13734 104th Avenue
 Surrey, BC V3T 1W5
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Residential Rental Application Form

A. OFFER TO RENT I/We, the undersigned (called the ApplicantTM), offer to rent a rental unit in British Columbia known as:

Application Date: ____/____/____	UNIT #	APPLICATION ADDRESS	LEASING
BUILDING # _____			

At a monthly rent of \$ _____ plus parking fee of \$ _____ plus other fees \$ _____ for a total monthly cost of \$ _____
 The above rent includes only the utilities checked below. Payment for all other utilities is the responsibility of the tenants.

Heating
 Water
 Electricity
 Cablevision
 Gas Fire Place
 Garbage/ Recycling Collection
 Other _____

DATE OCCUPANCY DESIRED _____

The Applicant agrees that if this offer is accepted, it becomes a binding Agreement and the Applicant will subsequently sign the Landlord's Residential Tenancy Agreement that the Applicant has had an opportunity to examine. The Applicant acknowledges that **pets, barbecues, waterbeds and aquariums are not allowed** without the advance written permission of the Landlord. The Tenancy Agreement will also include a specific terms related to the following:

If this offer is accepted and the Applicant fails to sign the Landlord's Residential Tenancy Agreement, or fails to take possession of the rental unit, the Applicant will be liable for the payment of the equivalent of one month's rent to the landlord and any related expenses incurred by the Landlord.

If this offer is accepted, the Applicant will pay a Security Deposit of \$ _____ to the Landlord. If the Landlord permits the Applicant to have a pet an additional Pet Deposit of \$ _____ will be paid to the Landlord. The Landlord will hold the Deposit until the tenancy ends.

This offer is subject to acceptance by the Landlord and is open for acceptance until 5:00 pm _____. If not accepted by that time, this offer is void.

APPLICATION FORM

LEGAL NAME OF APPLICANT – FIRST	LAST	MIDDLE	SOCIAL INSURANCE #
CURRENT ADDRESS		CITY	POSTAL CODE
DATE OF BIRTH (Y/M/D)	OCCUPATION – Full or Part Time	YEARLY INCOME	HOME PHONE/ CELL PHONE
EMPLOYER		EMPLOYER ADDRESS	
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	RENT OR OWN – REASON FOR LEAVING	
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD/OWN	LEASE EXPIRATION DATE
CURRENT RENT	AUTO LIC PLATE#	PETS? IF YES, WHAT KIND	HOW MANY and SIZE
SMOKER/ NON SMOKER <input type="checkbox"/> <input type="checkbox"/>	INSURANCE PROVIDER	POLICY NUMBER	LANDLORD IS NOT RESPONSIBLE FOR TENANTS POSSESSIONS. YOU ARE ADVISED TO CARRY TENANTS INSURANCE.

CO-APPLICANT INFORMATION

NAME OF CO APPLICANT – FIRST	LAST	MIDDLE	SOCIAL INSURANCE #
CURRENT ADDRESS		CITY	POSTAL CODE
DATE OF BIRTH (Y/M/D)	OCCUPATION – Full or Part Time	YEARLY INCOME	HOME PHONE

EMPLOYER		EMPLOYER ADDRESS	
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	RENT OR OWN – REASON FOR LEAVING	
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD/OWN	LEASE EXPIRATION DATE
CURRENT RENT	AUTO LIC PLATE#	PETS? IF YES, WHAT KIND	HOW MANY and SIZE
SMOKER/ NON SMOKER <input type="checkbox"/> <input type="checkbox"/>	INSURANCE PROVIDER	POLICY NUMBER	LANDLORD IS NOT RESPONSIBLE FOR TENANTS POSSESSIONS. YOU ARE ADVISED TO CARRY TENANTS INSURANCE.

APPLICANT'S REFERENCES (OTHER THAN RELATIVES)

NAME	ADDRESS	PHONE
1.		
2.		

CO-APPLICANT REFERENCES

1.		
2.		

SUPPLEMENTARY INFORMATION

EMAIL ADDRESS		
VEHICLE MAKE/MODEL		PLT#
IN CASE OF EMERGENCY		PH#

SUPPLEMENTARY INFORMATION

EMAIL ADDRESS		
VEHICLE MAKE/MODEL		PLT#
IN CASE OF EMERGENCY		PH#

YOUR CREDIT HISTORY

Have you declared bankruptcy in the past (7) years? Yes _____ No _____
 Have you ever been evicted from a rental residence? Yes _____ No _____
 Have you had two or more late rental payments in the past year? Yes _____ No _____

CONSENT

For the purpose of determining that this Application for Tenancy is acceptable the Applicant consents to the Landlord obtaining credit, personal and employment information on the Applicant from one or more consumer reporting agencies and from other sources of such information. The Applicant authorizes the reporting agencies and any other person, including from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord/ Landlord Agent. If this application is accepted, the Applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.

Name of Applicant Date

Name of Co-Applicant Date

**AUTHORIZATION
Release of Information**

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, brokerage, finder, agent or leasing company.

Name (please print) Name (please print)

Signature Signature

Date Date