APPLICATION FOR TENANCY

Duttons & Co. Real Estate Ltd.
(AGENT FOR THE OWNER)
#101-364 Moss St., Victoria BC V8V 4N1
www.duttons.com

Attention:_____
Phone: (250)389-1011
Fax: (250)383-2005
rentals@duttons.com

I/WE the undersigned, herein also known as the applicant(s), hereby offer to rent residential premises in British Columbia known as:
Suite No._____Building Address_____Postal Code_____

At a monthly rent of $_____. Desired Occupancy Date_____. A Security Deposit of $_____equal to ½ a month's rent, payable to DUTTONS & CO. REAL ESTATE LTD. is to be submitted when this application is approved. This security deposit will be held by the Landlord or Landlord's Authorized Agent, who will hold it in a general account until the tenancy terminates. The deposit must be paid by cheque or money order in Canadian funds only. I/WE further agree that if this application is accepted, I/WE will enter into a Residential Tenancy Agreement for a minimum lease of _____.

Information is required for the past five years. If there is more than one person (including spouse) applying for tenancy please complete the application section on the reverse – all parties must sign the application. If you are self-employed, please provide a short description of your business on the reverse.

INFORMATION MARKED WITH AN * MUST BE COMPLETED BEFORE THE APPLICATION WILL BE PROCESSED.

*APPLICANT'S FULL NAME			SOCIAL INSURANCE NUMBER		*DATE OF BIRTH (MM/DD/YY)
*GOVERNMENT ISSUED ID # Out of town applicants MUST provide photocopy of ID when mailing application form.			*Phone HOME:	*Phone CELL:	*Phone WORK:
			Email address:		
*PRESENT ADDRESS			CITY	PROVINCE	POSTAL CODE
HOW LONG	RENT/OWN	MONTHLY RENT	REASON FOR LEAVING		
*NAME OF BUILDING MANAGER/LANDLORD/LISTING REALTOR			*PHONE		
PREVIOUS ADDRESS			CITY	PROVINCE	POSTAL CODE
HOW LONG	RENT/OWN	MONTHLY RENT	REASON FOR LEAVING		
*NAME OF BUILDING MANAGER/LANDLORD/LISTING REALTOR			*PHONE		

*EMPLOYER	POSITION	*HOW LONG	*SUPERVISOR'S NAME	*PHONE
PREVIOUS EMPLOYER	POSITION	HOW LONG	SUPERVISOR'S NAME	PHONE

*GROSS INCOME/MONTH	NUMBER OF AUTOS	MAKE(S)	MODEL(S)	*LICENSE PLATE NUMBER

*NON-FAMILY REFERENCE #1	ADDRESS	CITY	PHONE
*NON-FAMILY REFERENCE #2	ADDRESS	CITY	PHONE
*EMERGENCY CONTACT/RELATIONSHIP	ADDRESS	CITY	PHONE

TOTAL NUMBER OF ALL PERSONS IN THE TENANCY WILL BE_____ Number of Pets?_____ Kind?_____

Full names of all OTHER ADULT persons (age 19 or older) to occupy the premises are:

_____ _____ _____

Full name of all MINOR TENANTS (under 19, including infants). Include full names and ages of each minor to occupy the premises, or who will be staying for more than TWO weeks at a time.

_____ AGE _____ AGE _____ AGE

INSURANCE: Do you agree to insure all of your personal belongings and to carry third party liability? Yes☐ No☐

Do you intend to operate a business from the premises? Yes☐ No☐

APPLICANTS WILL NOT BE PROCESSED UNLESS ALL ADULTS APPLYING HAVE SIGNED THEIR CONSENT TO A CREDIT CHECK. FOR THE PURPOSES OF DETERMINING WHETHER MY/OUR APPLICATION FOR TENANCY IS ACCEPTABLE, I/WE HEREBY CONSENT TO THE LANDLORD OBTAINING CREDIT/PERSONAL INFORMATION REPORTS ON ME/US (INCLUDING A SPOUSE) FROM ONE OR MORE CONSUMER REPORTING AGENCIES OR FROM OTHER SOURCES OF SUCH INFORMATION. I/WE AUTHORIZE THE REPORTING AGENCIES AND OTHER PERSONS TO DISCLOSE INFORMATION ON ME/US TO THE LANDLORD OR LANDLORD'S AUTHORIZED AGENT.

I UNDERSTAND THAT SMOKING IS NOT PERMITTED ON THE PREMISES & THAT PREMISES WILL BE INSPECTED REGULARLY.

*_____ SIGNED (ADULT APPLICANT)

*_____ SIGNED (ADULT APPLICANT)

Date:_____, 20_____ **Location signed** _____ **BC**

APPLICATION FOR TENANCY...continued

INFORMATION MARKED WITH AN * MUST BE COMPLETED BEFORE THE APPLICATION WILL BE PROCESSED.

*APPLICANT'S FULL NAME	SOCIAL INSURANCE NUMBER	*DATE OF BIRTH (MM/DD/YY)

*DRIVER'S LICENSE# Out of town applicants MUST provide photocopy of DL when mailing application form.	*Phone HOME:	*Phone CELL:	*Phone WORK:
	Email address:		

*PRESENT ADDRESS	CITY	PROVINCE	POSTAL CODE

HOW LONG	RENT/OWN	MONTHLY RENT	REASON FOR LEAVING

*NAME OF BUILDING MANAGER/LANDLORD/LISTING REALTOR	*PHONE

PREVIOUS ADDRESS	CITY	PROVINCE	POSTAL CODE

HOW LONG	RENT/OWN	MONTHLY RENT	REASON FOR LEAVING

*NAME OF BUILDING MANAGER/LANDLORD/LISTING REALTOR	*PHONE

*EMPLOYER	POSITION	*HOW LONG	*SUPERVISOR'S NAME	*PHONE
PREVIOUS EMPLOYER	POSITION	HOW LONG	SUPERVISOR'S NAME	PHONE

*GROSS INCOME/MONTH	NUMBER OF AUTOS	MAKE(S)	MODEL(S)	*LICENSE PLATE NUMBER

*NON-FAMILY REFERENCE #1	ADDRESS	CITY	PHONE
*NON-FAMILY REFERENCE #2	ADDRESS	CITY	PHONE
*EMERGENCY CONTACT/RELATIONSHIP	ADDRESS	CITY	PHONE

USE ONLY IF APPLICANT IS A STUDENT

COURSE OF STUDY	YEAR OR LEVEL	INSTITUTION
COURSE OF STUDY	YEAR OR LEVEL	INSTITUTION

USE ONLY IF APPLICANT IT SELF-EMPLOYED

DESCRIPTION OF BUSINESS:
FINANCIAL INFORMATION MUST BE AVAILABLE UPON REQUEST I.E. FINANCIAL STATEMENTS, T4

OFFICE USE ONLY

DATE	NAME OF REFERENCE CALLED	CALLED BY	COMMENT