

CENTURY 21 - Prudential Estates (RMD) Ltd.**Property Management Division**

7320 Westminster Highway, Richmond, B.C. V6X 1A1

Telephone: (604) 273-1745 Fax: (604) 273-9021

APPLICATION FOR TENANCY**Attention:** _____**Applicant's Information**

Rental Property Information	
Address _____	
Suite # _____	Date Available _____
File # _____	Monthly Rent _____

Applicant 1 – Full Name		Birthdate DD/MM/YYYY	Telephone #	S.I.N. #	
Applicant 2 – Full Name		Birthdate DD/MM/YYYY	Telephone #	S.I.N. #	
Other Occupants (Roomates and/or Children)					
Current Landlord – Applicant 1	Telephone #	Rental Address & Postal Code	From	To	Monthly Rent Paid
Current Landlord – Applicant 2	Telephone #	Rental Address & Postal Code	From	To	Monthly Rent Paid
Previous Landlord – Applicant 1	Telephone #	Rental Address & Postal Code	From	To	Monthly Rent Paid
Previous Landlord – Applicant 2	Telephone #	Rental Address & Postal Code	From	To	Monthly Rent Paid
Current Employer – Applicant 1	Position Held	Contact Name	Contact Telephone #	Annual Income	Employment Dates
Current Employer – Applicant 2	Position Held	Contact Name	Contact Telephone #	Annual Income	Employment Dates
Previous Employer – Applicant 1	Position Held	Contact Name	Contact Telephone #	Annual Income	Employment Dates
Previous Employer – Applicant 2	Position Held	Contact Name	Contact Telephone #	Annual Income	Employment Dates
Other Sources of Income					
Pets – Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many and what kind?					
Are you willing to abide by reasonable house rules and/or strata bylaws if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been evicted for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:					
Why are you leaving your present residence?					
In case of emergency please contact - Full Name:			Telephone #:		
Do you have furniture or other large articles which must be stored on the outside of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to the above, please describe these items:					
How many occupants are smokers?		Do you own or will you be buying a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

References (non-family are preferred)

Name	Telephone #	Address	Relationship	Known Since
Name	Telephone #	Address	Relationship	Known Since

Office Use Only
Credit check done <input type="checkbox"/> Yes <input type="checkbox"/> No
Application accepted <input type="checkbox"/> Yes <input type="checkbox"/> No
Deposit cheque/Cash received <input type="checkbox"/> Yes <input type="checkbox"/> No
Post dated cheques received <input type="checkbox"/> Yes <input type="checkbox"/> No

This application, if accepted, will be followed by a certified cheque or cash for the amount of the security deposit plus 12 post-dated cheques.

I/We declare that the information provided in this application is accurate and complete.

I/We consent to a credit check or personal information with the references listed above.

Signature(s) of Applicant(s)_____
Date DD/MM/YYYY