

OFFER TO RENT I/We acknowledge and understand that **Duttons & Co. Real Estate Ltd.** and its employees are acting solely as agents for the owners. I/We, the undersigned, herein also known as the applicant(s), hereby offer to rent residential premises in British Columbia know as: Building Address _____.

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 the Landlord's agent, who will hold it in a trust 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 term of _____. MOVE-IN FEE: \$_____ MOVE-OUT FEE: \$_____

Information is required for the past five years. If there is more than one person (including spouse) applying for tenancy **EACH ADULT TENANT MUST COMPLETE A SEPARATE APPLICATION** – all parties must sign the application. If you are self-employed, please provide a short description of your business on reverse, plus provide financial statements or T4's for 2 years. **INFORMATION MARKED WITH AN * MUST BE COMPLETED BEFORE THE APPLICATION WILL BE PROCESSED.**

*APPLICANT'S FULL NAME			*DATE OF BIRTH (MM/DD/YY)		
GOVERNMENT ISSUED ID or DRIVERS LICENSE#		*HOME PHONE	*CELL PHONE	*WORK PHONE	
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 PER MONTH	NUMBER OF AUTOS	MAKE(S)	MODEL(S)	*LICENSE PLATE NUMBER (S)	
*TWO PERSONAL OR BUSINESS (NON-FAMILY) REFERENCES					
*NAME		ADDRESS	CITY	PHONE	
*NAME		ADDRESS	CITY	PHONE	
*EMERGENCY CONTACT		ADDRESS	CITY	PHONE	

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

Full names 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 2 weeks at a time.

Age: _____ Age: _____ Age: _____

INSURANCE: Do you agree to insure all your personal belongings and to carry third party liability insurance? **YES NO**

BUSINESS: Do you intend to operate a business from the premises? **YES NO**

PETS: Do you have any pets? **YES NO** If YES list Type: _____ Number: _____ Gender: _____ Age: _____

CONSENT: For the purpose of determining whether 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 personnel from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord. 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.

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

* _____ Signed (Adult Applicant) Date: _____, 20____ Location signed: _____ BC