

**BUILDING:** \_\_\_\_\_ **SUITE #:** \_\_\_\_\_ **RENT\$:** \_\_\_\_\_ **DATE OF POSSESSION:** \_\_\_\_\_

I/we the undersigned, herein known as the applicant(s) hereby offer to lease the above named residential premises in B.C. from the Landlord and if accepted will provide a security deposit and enter into a Residential Tenancy Agreement. This offer is subject to acceptance by the Landlord, Midtown Club Properties or their agents.

If this offer is accepted and the Applicant fails to enter or proceed with the landlord's Residential Tenancy Agreement within 72 hours, or to take possession of the rental unit, the Applicant will be liable for the payment of the equivalent of up to one month's rent to the Landlord and any related expenses incurred by the Landlord as Liquidated damage.

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

 Names and ages of all adult persons (age 19 or older to occupy the premises):
   
 \_\_\_\_\_

 Names and ages of all minor persons (under the age of 19 – including infants) to occupy the premises
   
 \_\_\_\_\_

**Tenancy applications are processed based upon the information provided below. We will not process an application that is not filled out or is missing signatures.**

**APPLICANT 1**
**SHADED AREA FOR OFFICE USE ONLY**

FIRST NAME	SURNAME	Middle Name/Initials	Drivers Lic No	Daytime contact Ph#
Social Insurance # (optional)		Date of Birth – MM/DD/YYYY		Home Phone #
Current Address			Verified Tenancy?	Noise Complaints?
			Legal Notice?	Property in good condition?
			Rent Paid on time?	
How long	Rent Amount	Reason for Leaving		Bldg Manager Name and Ph #
Verified	Verified	Verified		Would you rent to them again?
Previous Address if less than 3 years			Verified Tenancy?	Noise Complaints?
			Legal Notice?	Property in good condition?
			Rent Paid on time?	
How Long	Rent Amount	Reason for Leaving		Bldg Manager Name and Ph#
Verified	Verified	Verified		Would you rent to them again?
Current Employer		Position	How Long	Salary Range
Address:		Phone#		Contact Name
Employment Verified			Income Verified	
Employment scheduled to continue?			Position Verified	
Previous Employer if less than 2 years		Position	How Long	Salary Range
Address:			Phone:	Contact Name:

**REFERENCES**

Please provide two (2) unbiased references:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

Please provide two (2) personal references (For Emergency Contact)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

**INSURANCE:** Tenants insurance is required.

Do you presently insure your belongings and carry third party liability Yes / No

**PETS:** Not Permitted on the premises

**BARBEQUES:** No charcoal, wood, or butane – electric or propane only

**WE AGREE THAT WE WILL NOT SMOKE OR VAPE (INCLUDING MEDICAL MARIJUANA) OR KEEP PETS ON THE PROPERTY**

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Applicant #2

**ACCEPTANCE OF TERMS AND CONDITONS**

This offer is subject to acceptance by the Landlord or Landlords agent and is open for acceptance until 5:00 pm on the fifth (5<sup>th</sup>) business day following the date of this application. I/we have read and fully agree with all the terms and conditions of this application.

I/We hereby offer to lease the residential premises specified herein and provide the above information which i/we warrant to be true and accurate to assist in your consideration of my/our application for tenancy. I/We understand and agree that once we enter into a Tenancy Agreement, we will be required to commence a Pre-Authorized Payment service or issue a series of post-dated cheques in twelve (12) month segments for rental payments.

**CONSENT:**

The Applicant(s) represents that all statements given herein are true and correct and hereby authorizes verification of references given. I / We hereby consent to the Landlord and/or their agents obtaining credit/personal information from one or more consumer reporting agencies or from other sources of information. I / We authorize the reporting agencies and other persons to disclose information on me/us to the Landlord or their agent. If this application is accepted, the Applicant(s) understand 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.

DATED AT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature - Applicant #1

\_\_\_\_\_  
Signature - Applicant #2

**OFFICE USE ONLY**

Tenant advised of Status	Date	By
Application Reviewed By:	Accepted:	Rejected
Comments		

**APPLICANT 2****SHADED AREA FOR OFFICE USE ONLY**

FIRST NAME	SURNAME	Middle Name/Initials	Drivers Lic No	Daytime contact Ph#
Social Insurance #(optional)		Date of Birth – MM/DD/YYYY		Home Phone #
Current Address			Verified Tenancy?	Noise Complaints?
			Legal Notice?	Property in good condition?
			Rent Paid on time?	
How long	Rent Amount	Reason for Leaving		Bldg Manager Name and Ph#
Verified	Verified	Verified		Would you rent to them again?
Previous Address if less than 3 years			Verified Tenancy?	Noise Complaints?
			Legal Notice?	Property in good condition?
			Rent Paid on time?	
How Long	Rent Amount	Reason for Leaving		Bldg Manager Name and Ph#
Verified	Verified	Verified		Would you rent to them again?
Current Employer		Position	How Long	Salary Range
Address:		Phone#		Contact Name
Employment Verified			Income Verified	
Employment scheduled to continue?			Position Verified	
Previous Employer if less than 2 years		Position	How Long	Salary Range
Address:			Phone:	Contact Name:

**REFERENCES**

Please provide two (2) unbiased references:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

Please provide two (2) personal references (For Emergency Contact)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_