



Address:	
Date Available:	
Property ID:	Monthly Rent:

Applicant's Full Name		Date of Bi	irth (DD/MM/YYYY)	Telephone #	E	Email Address
Full name of other Occupants (Room	nates and/or Children)					
Name of Current Landlord		Address of	of Current Rental Prop	erty		
Telephone # of Current Landlord	Occupied Property From (start date):		To (enc	l date):		Monthly Rent Paid
Name of Previous Landlord		Address of	of Previous Rental Pro	perty		
Telephone # of Previous Landlord	Occupied Property From (start date):		To (enc	l date):		Monthly Rent Paid
Current Employer	Title / Position		Name of Contact P	erson	Telepho	one # of Contact Person
	mployment Dates rom (start date):		To (end date):		Other Sources	s of Income
Previous Employer	Title / Position	Name of Contact Person Tele		Telepho	phone # of Contact Person	
	mployment Dates rom (start date):		To (end date):		Other Sources	s of Income
Pets – Do you own any pets?	/es 🗌 No	If Yes, how	many and what kind?			
Are you willing to abide by reasonable house rules and/or strata bylaws if applicable?						
Have you ever been evicted for any reason?						
Why are you leaving your present rea	sidence?					
In case of emergency please contact	- Full Name:			Telepho	ne #:	
Do you have furniture or other large a If Yes to the above, please describe	articles which must be sto these items:	ored on the c	outside of the premises	s? Yes	No	
How many occupants are smokers?       Are you willing to obtain tenant insurance?       Yes       No						

## References (non-family preferred)

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

Office Use Only				
Credit check done	∐Yes	<b>U</b> No		
Application accepted	C Yes	O No		
Deposit cheque/Cash				
Post dated cheques received DYes D No				

This application, if accepted, will be followed by a bank draft 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.



 Sales & Property Management

 203-5188 Westminster Hwy

 Richmond, B.C. V7C 5S7

 Tel:
 604-279-9822

 Fax:
 604-231-0209

## RE: RESIDENTIAL RENTAL/LEASE PERSONAL INFORMATION PROTECTION ACT

I hereby consent to Macdonald Realty Westmar., collecting, using and disclosing my personal information for purposes of identifying me, communicating with me, determining my eligibility for the tenancy, assessing my credit worthiness, processing payments, responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements. And in that regard, I further consent to Macdonald Realty Westmar Ltd. obtaining further personal information from my employer, my present and former landlord or property managers and one or more consumer agencies and authorize those persons to provide such information to Macdonald Realty Westmar.

Applicant's Signature

Date

Applicant's Name