

MACDONALD COMMERCIAL REAL ESTATE SERVICES LTD.

Property Management Services
1827 West 5th Avenue Vancouver, BC V6J 1P5
Phone (604) 736-5611 Fax: (604) 736-7976
website: www.macdonaldcommercial.com

APPLICATION FOR RENTAL

I hereby offer to lease the residential premises specified herein and provide the following information which I/we warrant to be true to assist in your consideration of my/our application for tenancy.

ADDRESS: _____ SUITE NO.: _____
DATE OF OCCUPANCY: _____ NO. OF PARKING STALLS: _____
RENT: \$ _____ PARKING: \$ _____ TOTAL: \$ _____ SECURITY DEPOSIT: \$ _____

APPLICANT:

Name: _____
Phone: _____
Work Phone: _____
Email: _____

Address:

City: _____ Postal Code: _____
How long have you lived at this address? _____
Landlord Name: _____
Landlord Phone: _____

Previous Address:

City: _____ Postal Code: _____
How long have you lived at this address? _____
Landlord Name: _____
Landlord Phone: _____

S.I.N. # (Optional):

Birthdate: _____
Driver's License No.: _____

EMPLOYER:

Position: _____
Contact Name & phone: _____
Salary: _____
How long: _____
Other Income: _____

Other Occupants: Names and ages of children: _____

Number and type of pets: _____

Smoking: Yes No

Credit Cards:

Visa Mastercard American Express Other: _____

Do you have a vehicle? Yes No Make: _____ Licence No.: _____

Insurance: Do you personally insure your personal belongings and third party liabilities? Yes No

EMERGENCY CONTACT

Name: _____
Relationship: _____
Address: _____
Telephone: _____

SPOUSE/ROOMMATE/CO-APPLICANT:

Name: _____
Phone: _____
Work Phone: _____
Email: _____

Address:

City: _____ Postal Code: _____
How long have you lived at this address? _____
Landlord Name: _____
Landlord Phone: _____

Previous Address:

City: _____ Postal Code: _____
How long have you lived at this address? _____
Landlord Name: _____
Landlord Phone: _____

S.I.N. # (Optional):

Birthdate: _____
Driver's License No.: _____

EMPLOYER:

Position: _____
Contact Name & phone: _____
Salary: _____
How long: _____
Other Income: _____

EMERGENCY CONTACT

Name: _____
Relationship: _____
Address: _____
Telephone: _____

By signing below, I consent to a credit and reference check being obtained in conjunction with this application.

Signature

Co-applicant

Date

Date

NOTE: Re: GROW OPS – The landlord may inspect the rental unit monthly in accordance with subsection (2) (a) of the RTA.