

APPLICATION FOR TENANCY

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A. APPLICATION TO RENT I/We, the undersigned (called the "Applicant"), make application to rent a rental unit in British Columbia known as: Suite # _____
Building Address: 10230 Bowerbank Rd., Sidney, BC V8L 0C1 (the residential property)

**FARIO CAPITAL PROPERTIES LTD.
1004 – 10230 BOWERBANK ROAD
SIDNEY, BC V8L 0C1**

OFFICE USE ONLY:

At a monthly rent of \$ _____ Plus parking fees of \$ _____ Plus other fees of \$ _____ For a total monthly cost of \$ _____. The above rent includes only the utilities checked below. Utilities are the tenant's responsibility.

Heat Water Supply Hot Water Electricity Cablevision Gas to fireplace Garbage/Recycling Collection Sewage disposal Other _____

DATE OCCUPANCY DESIRED _____

The Applicant acknowledges that Waterbeds and Aquariums are not allowed.

Pets are allowed only with the advance written permission of the Landlord. The Tenancy Agreement will include these specific terms.

D. APPLICANT'S STATEMENTS1001

If we enter into a Tenancy Agreement, then the Applicant will pay a **Security Deposit** of \$ _____ to the Landlord.
If the Landlord permits the Applicant to have a pet, an additional **Pet Damage Deposit** of \$ _____ will be paid to the Landlord.
The Landlord will hold the Deposit(s) in Trust until the tenancy ends.

This offer is subject to acceptance by the Landlord and is open for acceptance until 5:00 pm on _____.

B. FIRST APPLICANT'S PRIMARY INFORMATION

Last Name			First Name			Middle Name			Date of Birth			Social Insurance Number *OPTIONAL		
									Month / Day / Year					
Present Address						City			Postal Code (Mandatory)			Primary Phone No.		
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?				Reason for Leaving						Current Rent \$		
Previous Address						City			Postal Code (Mandatory)					
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?				Reason for Leaving						Current Rent \$		

C. CO-APPLICANT'S PRIMARY INFORMATION

Last Name			First Name			Middle Name			Date of Birth			Social Insurance Number *OPTIONAL		
									Month / Day / Year					
Present Address						City			Postal Code (Mandatory)			Primary Phone No.		
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?				Reason for Leaving						Current Rent \$		
Previous Address						City			Postal Code (Mandatory)					
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long?				Reason for Leaving						Current Rent \$		

D. APPLICANT'S STATEMENTS

I/We do not own any pets I/We own a pet or pets I/We are non-smokers I/We are smokers If owned, describe pet(s) _____
I/We presently insure our belongings and for third party liability YES NO **Landlord's are not responsible for tenants' possessions**

E. CONSENT

The Applicant(s) consent to the Landlord obtaining credit, personal, and employment information on the Application 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 personal 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, and complying with legal requirements.

F. APPLICANT'S SIGNATURES

NOTE: Do not sign this application unless Section A is complete and you have read it.

I/We certify that all information provided by me/us in this Application is true and correct.

Applicant's Signature

Date Signed

Co-Applicant's Signature

Date Signed

G. LANDLORD'S ACCEPTANCE

NOTE: Do not sign this form unless and until you decide to accept the Applicant(s) as your tenant(s). The above applicant(s) is/are accepted for tenancy, commencing _____

Landlord's Signature

Date Signed

NOTE TO LANDLORD: If pages one and two are separated, enter the Applicant's name(s) and date of application below

First Applicant: _____ Co-Applicant: _____

Date of Application: _____

H. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION

Home Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:			Photo ID Shown Yes No

Present Landlord/Manager's Name:	Address:	Phone No.	
Previous Landlord/Manager's Name:	Address:	Phone No.	
Employer:	Position:	Monthly Income:	
Supervisor's Name:	Supervisor's Phone No.	Length of Employment:	
Vehicle Make:	Model	Colour	License Number:

Business Reference:

Name:	Address:	Phone No.
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Emergency Contact Person:

Name:	Address:	Phone No.
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OFFICE USE ONLY:

I. CO-APPLICANT'S SUPPLEMENTARY INFORMATION

Home Phone No.	Cell No.	Fax No.	Work Phone No.
Email Address:			Photo ID Shown Yes No

Present Landlord/Manager's Name:	Address:	Phone No.	
Previous Landlord/Manager's Name:	Address:	Phone No.	
Employer:	Position:	Monthly Income:	
Supervisor's Name:	Supervisor's Phone No.	Length of Employment:	
Vehicle Make:	Model	Colour	License Number:

Business Reference:

Name:	Address:	Phone No.
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Emergency Contact Person:

Name:	Address:	Phone No.
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OFFICE USE ONLY:

J. OTHER MINOR OCCUPANTS – Full names of all other persons under age 19 (including infants) to occupy this rental unit

Last Name	First Name	Middle Name	Age	Last Name	First Name	Middle Name	Age
Last Name	First Name	Middle Name	Age	Last Name	First Name	Middle Name	Age

NOTES TO APPLICANT(S)

1. Social Insurance Numbers are OPTIONAL and are requested for the sole purpose of obtaining credit reports.
2. The information you provided on these pages continues as part of your Application for tenancy. Your signature on the 1st page confirms all information on both pages is true and correct.