

FONTAINEBLEAU APARTMENTS

APPLICATION FOR TENANCY

A. OFFER TO RENT I/We, the undersigned (called the "Applicant"), offer to rent a rental unit in British Columbia known as:

Suite Number: _____ Building Address: _____, **Vancouver BC**

The above rent does not include the utilities. Payment for all utilities is the tenant's responsibility.

Monthly rent of \$ _____ + parking fees \$ _____ + other fees \$ _____ = Total Monthly Cost \$ _____

MAPLE LEAF PROPERTY MANAGEMENT – 17TH Floor – 900 WEST GEORGIA STREET, VANCOUVER. B.C. V6C 2W6

The Applicant agrees that if this offer is accepted, it becomes a binding agreement and the Applicant will subsequently sign the Landlord's Residential Tenancy Agreement that the Applicant has had an opportunity to examine. The Applicant acknowledges that pets, barbecues, waterbeds and aquariums are not allowed without advance written permission of the Landlord.

B. FIRST APPLICANT'S PRIMARY INFORMATION					Date of Birth	Social Insurance Number * (optional)
Last Name		First Name		Middle Name	Month/Day/Year	
Present Address				City	Postal Code (Mandatory)	Primary Phone No.
Rent	Own	How Long?	Reason for Leaving			Current Rent \$
Previous Address				City	Postal Code (Mandatory)	
Rent	Own	How Long?	Reason for Leaving			Current Rent \$

C. CO-APPLICANT'S PRIMARY INFORMATION					Date of Birth	Social Insurance Number * (optional)
Last Name		First Name		Middle Name	Month/Day/Year	
Present Address				City	Postal Code (Mandatory)	Primary Phone No.
Rent	Own	How Long?	Reason for Leaving			Current Rent \$
Previous Address				City	Postal Code (Mandatory)	
Rent	Own	How Long?	Reason for Leaving			Current Rent \$

D. APPLICANT'S STATEMENTS

I/We do not own any pet(s) I/We own a pet(s) If owned, describe pet(s) _____

I/We are non-smokers I/We are smokers

NOTE: Landlords are not responsible for tenants' possessions. If accepted, you must carry tenants' insurance covering your possessions and protecting you against liability.

I/We presently insure our belongings and for third party liability Yes No

E. **CONSENT** 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.

APPLICANT'S SIGNATURES NOTE: 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

LANDLORD'S ACCEPTANCE NOTE: The above Applicant(s) is/are accepted for tenancy, commencing

_____	_____
Landlord's Signature	Date Signed

F. FIRST APPLICANT'S SUPPLEMENTARY INFORMATION			
Primary Phone No.	Cell No.	Email.	Work Phone No.
Email Address:		Photo ID Shown Yes No	
Present Landlord/Building Manager's Name	Address		Phone No.
Previous Landlord/Building Manager's Name	Address		Phone No.
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone No.		Length of employment
Previous Employer	Position		Monthly Income
Previous Supervisor's Name	Previous Supervisor's Phone No.		Length of employment
Vehicle Make	Model	Colour	License Number
Second Vehicle Make	Model	Colour	License Number
BUSINESS OR PERSONAL REFERENCE:			
Name	Address	Email	Phone No.
EMERGENCY CONTACT:			
Name	Address	Phone No.	
Name	Address	Phone No.	

F. CO-APPLICANT'S SUPPLEMENTARY INFORMATION			
Primary Phone No.	Cell No.	Email	Work Phone No.
Email Address:		Photo ID Shown Yes No	
Present Landlord/Building Manager's Name	Address		Phone No.
Previous Landlord/Building Manager's Name	Address		Phone No.
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone No.		Length of employment
Previous Employer	Position		Monthly Income
Previous Supervisor's Name	Previous Supervisor's Phone No.		Length of employment
Vehicle Make	Model	Colour	License Number
Second Vehicle Make	Model	Colour	License Number
G. GUARANTOR INFORMATION			
Last Name	First Name	Middle Name	Date of Birth Social Insurance Number * Month/Day/Year (optional)
Present Address		City	Postal Code (Mandatory) Primary Phone No.
Employer	Position		Monthly Income
Supervisor's Name	Supervisor's Phone No.		Length of employment

H. OTHER ADULT OCCUPANTS - Full names of all other adult persons (age 19 or older) to occupy this rental unit					
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name
Last Name	First Name	Middle Name	Last Name	First Name	Middle Name