PROLINE
PROPERTY MANAGERS

A professional investment in your property

APPLICATION FOR TENANCY

I/We acknowledge and understand that Proline Management Ltd. and its employees are acting solely as agents for the owners. I/We, the undersigned, herein also known as the applicant(s), hereby offer to rent residential premises in British Columbia known as: Suite No._____ Building Address_____ at a monthly rent of $_____ plus parking $_____ Total $_____Desired Occupancy Date_____

The applicant agrees to pay a security deposit equal to half a month's rent upon entering into a tenancy agreement. The security deposit will be held by the Landlord or Landlord's Authorized Agent, until the tenancy terminates. I/We further agree that if this application is accepted, **I/We will enter a Residential Tenancy Agreement for a minimum lease of _____**. This application is subject to acceptance by the Landlord's Authorized Agent and is open for acceptance for **FIVE** business days, ending at **5 p.m**. following the date herein, or until _____. If you are self-employed, please provide a short description of your business on the reverse.

APPLICANT'S FULL NAME			SOCIAL INSURANCE NUMBER	DATE OF BIRTH (MM/DD/YY)
PRESENT ADDRESS	CITY		POSTAL CODE	PHONE
HOW LONG?	RENT/OWN	MONTHLY RENT $	REASON FOR LEAVING	
BUILDING MANAGER/ LANDLORD/LISTING REALTOR				PHONE
PREVIOUS ADDRESS		CITY		POSTAL CODE
HOW LONG?	RENT/OWN	MONTHLY RENT $	REASON FOR LEAVING	
BUILDING MANAGER/ LANDLORD				PHONE
EMPLOYER		POSITION		HOW LONG?
SUPERVISOR				PHONE
PREVIOUS EMPLOYER		POSITION		HOW LONG?
SUPERVISOR				PHONE

CURRENT GROSS MONTHLY INCOME	NO. OF AUTOS	MAKE(S)	MODEL(S)	LICENSE #

TWO PERSONAL OR BUSINESS (NON-FAMILY) REFERENCES

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

EMERGENCY CONTACT	RELATIONSHIP	ADDRESS	PHONE

EACH ADULT TENANT MUST COMPLETE A SEPARATE APPLICATION:

Full names of all OTHER ADULT persons (age 19 or older) to occupy the premises are:

_____ _____ _____

Full names of all MINOR RESIDENTS (under 19, including infants). Include full names and ages of each minor to occupy the premises, or who will be staying for more than two weeks at a time.

_____ Age:____ _____ Age:____ _____ Age:____

INSURANCE: Do you insure your personal belongings and carry third party liability? **Yes** **No**
Do you intend to **operate a business** from the premises? **Yes** **No**

CONSENT: I hereby consent to Proline Management Ltd. 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 Proline Management 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 Proline Management Ltd.

_____ _____
Signed (Adult Applicant) Signed (Adult Applicant)

Date: _____, 200_____ LOCATION SIGNED: _____ B.C.

APPLICATION FOR TENANCY APPROVED _____ DATE _____