## West Coast Property Management

## **Tenancy Application Form**

Children

Total:

Please complete all fields in this form. If the fields do not apply to you, please put "N/A". Realize the more information you provide the better our ability to qualify you. Incomplete applications will not be processed.

Adults

Number of People

| Area                                   | Powell River | Nanaimo       | Prince George |
|--|--------------|---------------|---------------|
| *If in Powell River                    | Westview     | Wildwood      | Cranberry     |
| I would like                           | Bedroom(s)   |               |               |
| I would prefer                         | Apartment    | In-Home Suite | House         |
| I would prefer                         | Furnished    | Unfurnished   |               |
| I am looking for a place               | on or before | (Insert date) |               |
|  |              |               |               |
| Г                                      |              | T             |               |
| Applicant 1                            |              | Applicant 2   |               |
| Name                                   |              |               |               |
| 5 II AND 6                             |              |               |               |
| Full names AND ages of minor tenant(s) |              |               |               |
| Best Contact Phone                     |              |               |               |
| Best contact mone                      |              |               |               |
| Email address                          |              |               |               |
|  |              |               |               |
| Birthday                               |              |               |               |
| Employer/Company Name                  |              |               |               |
|  |              |               |               |
| Job Title/Income Source                |              |               |               |
|  |              |               |               |
| Years at Company                       |              |               |               |
| Name AND phone number of Supervisor    |              |               |               |
|  |              |               |               |
| Total Monthly Household Income         |              |               |               |
|  |              |               |               |
| RENTAL HISTORY                         |              |               |               |
| Current Address                        |              |               |               |
|  |              |               |               |
|  |              |               |               |
| Reason for moving                      |              |               |               |
|  |              | 1             |               |

| Applicant 1 Continued:                            | Applicant 2 Continued: |
|---|------------------------|
| Length at Current Address                         |                        |
| Current Building Manager Name                     |                        |
| Current Building Manager Phone                    |                        |
| Previous FULL Address                             |                        |
| Length at Previous Address                        |                        |
| Previous Building Manager Name                    |                        |
| Previous Building Manager Phone                   |                        |
| Description of Vehicle                            |                        |
| REFERENCES:                                       |                        |
| <b>Professional, Non-related Reference 1</b> Name |                        |
| Phone   |                        |
| How this Reference knows you                      |                        |
| Professional, Non-related Reference 2             |                        |
| Name  |                        |
| Phone   |                        |
| How this reference knows you                      |                        |
| Other References:                                 |                        |
| Name  |                        |
| Phone   |                        |
| How this reference knows you                      |                        |
|   |                        |

| PETS:I do not have pets.      |                  | dogcat other         |           |
|-------------------------------|------------------|----------------------|-----------|
| SMOKING: Applicant 1 Yes / No |                  | Applicant 2 Yes / No |           |
| External Items                | Trampoline       | Barbecue             | Water Bed |
| Declared:                     |                  |                      |           |
|                               | Aquarium with or | Swimming Pool of     | Fire Pit  |
|                               | without water    | Any Kind             |           |

| Please include copies of the following for each adult applicant:                            |  |  |  |  |
|---|--|--|--|--|
| Pay Stub or Verification of Income  |  |  |  |  |
| Driver's License and 1 other Government ID  |  |  |  |  |
|   |  |  |  |  |
| By submitting this Application for Tenancy, all applicants agree and confirm:               |  |  |  |  |
| ALL units are non-smoking and any smoke damage is tenant responsibility                     |  |  |  |  |
| My lease will expressly prohibit marijuana on the property and is grounds for eviction      |  |  |  |  |
| Marijuana or any other illegal drug is not permitted on any West Coast Property at any time |  |  |  |  |
| All adults over 19 are prepared for a credit check  |  |  |  |  |
| Applicant(s) has provided a government issued ID  |  |  |  |  |
| Requirements for tenancy will be added to lease agreement                                   |  |  |  |  |
|   |  |  |  |  |
| Please add anything else we need to know for consideration of your application.             |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |