

**Richmond Property Group Ltd.**

Agent for the Owner

201-1537 Hillside Ave, Victoria BC V8T 2C1

Tel 250-388-9920 Fax 250-388-9945

**APPLICATION FOR TENANCY**

I/we, the undersigned, herein also known as the applicant(s), hereby offer to rent residential premises in British Columbia known as:

Building Address:..... At a monthly rent of \$.....

Plus parking..... Total \$..... Desired Occupancy Date.....

An application deposit of \$.....(equal to 1/2 month's rent) payable to **Richmond Property Group Ltd** is to be submitted with this application (this is not a security deposit). The application deposit will be refunded if the application is not accepted. The deposit will be applied to the first month's rent if the application is accepted. The applicant agrees to pay the balance of the first month's rent and a security deposit equal to half a month's rent upon acceptance or before taking occupancy. The landlord or Landlord's Authorised Agent will hold the security deposit, until the tenancy terminates. I/We further agree that if this application is accepted I/we will enter into a Residential Tenancy Agreement for a minimum of..... This application is subject to acceptance by the Landlord's Authorised Agent and is open for acceptance for FIVE business days, ending at 6pm following the date herein, or until..... I/We acknowledge and understand that Richmond Property Group Ltd and its employees are acting solely as agent for the Owners. If you are self- employed please provide a short description of your business on the reverse.

Applicants Social Insurance Date of Birth
Full Name: Number: MM/DD/YY:
Present Postal Code Phone
Address:

How rent/Own Monthly Rent Reason for leaving
Long \$

Building Manager Phone:
Landlord:

Employer: Position: How
Long:

Supervisor: Phone:

Previous Employer (if less than 3 yrs) Position: How
Long:

Supervisor: Phone:

Gross Monthly No of Make(s) Model(s) License#
Income: Vehicles:

Bank & Location: Account No:

**Two personal references (Non Family)**

Name: Address: Phone:

Name: Address: Phone:

Emergency Contact: Relationship: Phone:

**EACH ADULT TENANT MUST COMPLETE A SEPARATE APPLICATION**

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

Full names of all MINOR TENANT (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:

Name ..... Age..... Name ..... Age.....

Do you have any pets?
If yes please include details and numbers

**ALL APPLICANTS AGREE NOT TO SMOKE ON THE PREMISES.**

INSURANCE: Do you agree to insure your personal belongings and to carry third party liability? YES NO
Do you intend to operate a business from the premises? YES NO

CONSENT: I hereby consent to Richmond Property Group Ltd, collecting, using and disclosing my personal information for purposes of indemnifying 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. In that regard I further consent to Richmond Property Group Ltd obtaining further personal information from my employer, my present and former landlord or property managers and one or more consumer agencies and authorise those persons to provide such information to Richmond Property Group Ltd.

..... Signed Applicant Date

**Richmond Property Group Ltd. Privacy Policy adheres to the principles of the Personal Information Act of BC. A copy of our policy is available upon request.**

Office Use

Application Approved..... Date.....