

ECM Strata Management Ltd.
Rental Division

P.O. Box 2382
Abbotsford, BC V2T 4X2

TENANCY APPLICATION

Office Use Only:

Ph: 604-855-9895

ID Photocopied Checked References Credit Check

Fax: 604-855-9825

Deposited Attached: Approved Denied

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

Suite No.: _____ Property Address: _____

Monthly Rent of \$ _____ Plus \$ _____ Total \$ _____

Desired Occupancy Date: _____

I / We herewith make a deposit of \$ _____ which will be applied to our first months rent if our offer is accepted. Should I / We cancel the offer before the date of acceptance then I / We agree that the deposit shall be forfeited as a service charge. I / We agree that when this offer is accepted it becomes a binding agreement; and if accepted, will enter the Residential Tenancy Agreement, which I / We have had an opportunity to examine. I / We also acknowledge having received and read the brochure Working with a REALTOR.

If the offer is not accepted, the deposit will be refunded. If the applicant fails to enter, or proceed with Residential Tenancy Agreement after the offer is accepted, the applicant may be held liable for the payment of the equivalent of one month's rent to the Landlord. If the application is accepted a security deposit of \$ _____ will be required before possession. This security deposit may be held by the Landlord / or the Landlord's Authorized Agent who may hold it in the general account until the tenancy terminates. It is agreed that rent is payable promptly in advance by the first day of every month.

A SEPARATE APPLICATION IS REQUIRED FOR EACH ADULT

Last Name	First Name	Middle	Date of Birth
Driver's License Number:	Social Insurance Number:		Other ID:
Home Phone Number:	Cell Phone Number:		Fax Number:
Email Address:			Marital Status:

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

NAME	AGE	NAME	AGE

Full names of all MINOR tenants (age 19 or younger) to occupy premises:

NAME	AGE	NAME	AGE

TOTAL NUMBER OF ALL PERSON IN THIS TENANCY WILL BE: _____

PREVIOUS HOUSING INFORMATION:

Present Address		City	Prov.	Postal Code
Length at Current Address	Rent	Building Manager / Number		
Reason for Moving				
Previous Address		City	Prov.	Postal Code
Length at Address	Rent	Building Manager / Number		
Reason for Moving				
Previous Address		City	Prov.	Postal Code
Length at Address	Rent	Building Manager / Number		
Reason for Moving				

EMPLOYMENT INFORMATION:

Job Title	Employer (Company)	
Employer Address		Years at Company
Name of Supervisor	Employer Phone Number	
Previous Employer (Company)	Job Title	
Employer Address		Years at Company
Name of Supervisor	Employer Phone Number	

AUTO INFORMATION

Make of Vehicle	License Plate Number	Year
Colour	Additional Vehicles	

ADDITIONAL QUESTIONS:

Do you currently have tenant's contents coverage and personal liability insurance:

YES NO

Do you have any pets?

YES NO

Are you a smoker?

YES NO **REFERENCES:**

Name	Relationship
Address	Phone Number
Name	Relationship
Address	Phone Number

EMERGENCY CONTACT:

Name	Relationship
Address	Phone Number

Consent for the purposes of determining whether my / our application for tenancy is acceptable, I / We hereby consent **ECM Strata Management Ltd.** To obtain credit / personal / medical (delete term which does not apply) information reports on me / us (including spouse) from one or more consumer reporting agencies or from other sources of such information. I / We authorize the reporting agencies and other persons to disclose information on me / us to the landlord or landlord's authorized agent. This application is the property of **ECM Strata Management Ltd.** and the landlord. It will not be returned under any circumstances.

Dated at _____ B.C., this _____ day of _____, 20____

Applicant's Signature: _____

LANDLORD/LANDLORD'S AUTHORIZED AGENT:	ECM STRATA MANAGEMENT LTD. RENTAL DIVISION
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