

Residential Tenancy Application

Landlord Name, Client Code & Property Address

Primary Adult Tenant # of adults applying _____ How many minors will be residing at property? _____
(all adults must complete application)

First Name	Middle Name	Last Name
Current Address: Own _____ Rent _____		Amount Paid Monthly: \$
City/Province	Postal Code	How Long?
Home Phone		Cell Phone
E-Mail Address	SIN	Date of Birth
Employer		Employer Phone Number
Monthly Income		Employed Since
Bank		Account#
Bank2		Account#

Personal References for Primary Applicant

Name (First)	Name (Last)	Relationship	Phone
Name (First)	Name (Last)	Relationship	Phone

Provide previous addresses as follows: (Must provide CURRENT landlord contact information)

Dates	Address	Current Landlord Phone	Reason for leaving
Dates	Address	Landlord Phone	Reason for leaving
Dates	Address	Landlord Phone	Reason for leaving

I hereby authorize General Credit Services Inc to verify this information, and obtain credit information including credit reports or any other information as required.

Name	Signature/Date
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Fax this sheet to General Credit Services Inc at 604-688-6017

Secondary Adult Tenant # of adults applying _____
(all adults must complete application)

First Name	Middle Name	Last Name
Current Address: Own _____ Rent _____		Amount Paid Monthly: \$
City/Province	Postal Code	How Long?
Home Phone		Cell Phone
E-Mail Address	SIN	Date of Birth
Employer		Employer Phone Number
Monthly Income		Employed Since
Bank		Account#
Bank2		Account#

Provide previous addresses as follows: (Must provide CURRENT landlord contact information)

Dates	Address	Current Landlord Phone	Reason for leaving
Dates	Address	Landlord Phone	Reason for leaving
Dates	Address	Landlord Phone	Reason for leaving

Personal References for Secondary Applicant

Name (First)	Name (Last)	Relationship	Phone
Name (First)	Name (Last)	Relationship	Phone

I hereby authorize General Credit Services Inc to verify this information, and obtain credit information including credit reports or any other information as required.

Name	Signature/Date
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List all minors that will be residing at this property (use a separate sheet if required)

Name (First)	Name (Last)	Relationship	Date of Birth
Name (First)	Name (Last)	Relationship	Date of Birth
Name (First)	Name (Last)	Relationship	Date of Birth

Vehicle Information:

Auto #1 - Make	Model/Year	Licence #	Lease or Own
Auto #2 - Make	Model/Year	Licence #	Lease or Own

Miscellaneous Information:

Do you have any pets?	Describe
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Do you insure your belongings?	Property Insurance Company
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This application will be checked and verified by **General Credit Services Inc**. All information is held in accordance with our privacy policy, and its' use is governed by certain Provincial and Federal laws. If you have any questions about the use of this information, you may contact General Credit Services Inc at 604-688-6097 or Toll Free at 1-877-588-4274 or visit us on-line at www.generalcreditservices.com.

No fee may be charged for using this application form.

Providing false or misleading information is an offence, will disqualify this application, and may allow the landlord legal recourse to recover all costs and fees associated with this application.

I/We hereby state that the information provided in this application is true and accurate and grant General Credit Services Inc the authority to verify the information, and obtain credit reports and other information where and when required. (All adult applicants MUST sign below)

Primary Tenant - Signed _____ Date _____

Secondary Tenant - Signed _____ Date _____

Additional Tenant - Signed _____ Date _____

For the landlord (as witness)

Signed _____ Date _____

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