## PLEASE FAX THIS COMPLETED APPLICATION TO LINDA @ (604) 737-8303

## APPLICATION FOR TENANCY I/we hereby offer to lease the residential premises specified herein and provide the

I/we lieledy offer to lease the I						Date	
following information which I/we warrant to be true to assist in your consideration of						Application:	
my/our application for tenancy. My/our offer is confirmed by signature/s below  Occupancy:  SUITE # 1811 Adanac Street Vancouver, B. C. "Crestview Manor" – Linda @ 604 338-3994							
	Street Vanco	uver, B	. C. "Crestview l	Manor" – l			
APPLICANT						Marital	
Surname		First		Mid	dle	Status	
Initial							
Birth Date M/D/Y		Driver's			Social In	surance N	lumber (Req'd)
		Lic. #		Prov.			
CO-APPLICANT					I	Marital	
Surname		First		Mid	dle	Status	
Initial		11150		1110	aic	Status	
Birth Date M/D/Y		Driver's			Social In	curance N	lumber (Req'd)
Birtii Bate Wi/B/ I		Lic. #		Prov.	Social III	surance iv	umber (Req u)
Vehicles 1. Year Make		LIC. #		Colour Colour			_
1. Teal Make							
2. Year	Make			Colour	Lic.	†	
		_					
Present Address			iite#		City		Phone:
From: To:		Rent	Type	of Residence	Notice R	eq'd?	
	Yr.	Own $\square$					
Monthly Payment	Landlord/Management			Reason for Leaving			
	Pho						
Residency information for 1	ast 2 ye	ars must be p	rovided	l. Complete on b	ack if nece	essary.	
		•		•			
Previous Address		S	Suite #		City		Phone:
From: To:		Rent		e of Residence			T Hone.
110111.		Own $\square$	1)1	e of Residence			
Monthly Payment	Landlord/Management Phone			Passon f	or Leavin	σ	
Wolting Layment	Landiord/Wanagement Thone			Reason for Leaving			
PRESENT EMPLOYER					ADDRES	10	
PRESENT EMPLOTER					ADDRES	55	
F	Т		1	Da =:4: = ==			Dlana
	To:	<b>3</b> 7		Position:	Φ.		Phone
Mo. Yr. Mo. Yr. Monthly Salary: \$							
PREVIOUS EMPLOYER ADDRESS							
	To: Mo.			Position:			Phone
	Yr. Monthly Salary:						
CO-APPLICANT/SPOUSE EMPLOYER ADDRESS							
From:	To:		1	Position:			Phone
Mo. Yr.	Mo.	Yr.	1	Monthly Salary:	\$		
OTHER INCOME:							
OTHER OCCUPANTS							
Name: A	lationship:	ationship: Name:			Age: Relationship:		
BANKING: Name of Bank	Branch		Phone				
Account #	Туре		Account #			Type	
CREDIT OR LOAN: Name		Туре		Account #			Type
CALDIT OR EOTH. Italic		Type		πουμιι π			Турс
REFERENCE and EMERGEN	ICY CO	NTACT	1	Relationship			Phone
Name:	(01 00)	VIIICI	1	Clationship			THORE
For the purposes of the Credit Reporting Act and any other applicable laws that are or may come into force,							
I/we hereby give my/our written consent to 1811 Adanac Street Ltd. and it agents obtaining report/s from							
any reporting agency/ies concerning me/us and further to make inquiries and receive and give such							
information to its servants or agents as it shall deem reasonable.							
miormation to its servants of	л адепія	s as it shall de	em rea	sonaute.			
Deter							
Date: Applicant's Signature							
Date: Applicant's Signature							