## APPLICATION FOR TENANCY

Offer to rent: I/We the undersigned (called the applicant), offer to rent a rental unit in British Columbia as:							
Suite No: Building Addre	ss 4001 34A Stree	et, Vernon, BC	V1T 8C4				
At a monthly rent of \$	plus parki	ng fees of \$_	plus othe	r fees of \$	for a total monthly cost of		
The above includes: Water, Hot water, Garbage/Recycling Collection, Sewage Disposal, Other							
Date Occupancy Desired							
Landlord's Name: Keerat Holdings Inc. #121, 4001 34A Street, Vernon, BC V1T 8C4 Phone: 778-930-0264							
The Applicant agrees that if this offer is accepted, it becomes a binding agreement and the Applicant will subsequently sign the Landlord's Residential Tenancy Agreement that the Applicant has had an opportunity to examine. The Applicant acknowledges that pets, barbeques, waterbeds and aquariums are not allowed without advance written permission of the Landlord. The Tenancy Agreement will include these specific terms:							
If this offer is accepted and the Applicant fails to sign the Landlord's Residential Tenancy Agreement, or to take possession of the rental unit, the Applicant will be liable for the payment of the equivalent of up to one month's rent to the Landlord and any related expenses incurred by the Landlord.							
If this offer is accepted, the Applicant will pay a <b>Security Deposit</b> of \$ to the Landlord. If the Landlord permits the Applicant to have a pet, an additional <b>Pet Damage Deposit</b> of \$ will be paid to the Landlord. The Landlord will hold the Deposit(s) until the tenancy ends.							
This offer is subject to acceptance by the Landlord and is open for acceptance until 5:00 pm on if not accepted by that time the offer is void.							
Applicant's Primary Information: First Name: Middle Name: Last Name							
Date of Birth	Present Address						
Phone No	_ Own F	Rent	How Long at Present Ac	ddressC	Current Rent		
Previous Address							
How Long	Reason for Leavi	ng		F	Rent Was		
Co-Applicant's Information: Fir	licant's Information: First Name:		ne				
Date of Birth	Present Address						
Phone No	_ Own F	Rent	How Long at Present Ac	ddressC	Current Rent		
Previous Address							
How Long	Reason for Leavi	ng		F	Rent Was		
Applicant's Statements: I/We do not own any pets I/We own a pet or pets If owned describe pet(s)							
I/We are non smokers Note: Landlord's are not responsible for tenant's possessions. If accepted you must carry tenant's insurance covering your possessions and protecting you against Liability. I/We presently insure our belongings and coverage for third party liability: Yes No							
Consent: The Applicant consents to the Landlord obtaining credit, personal and employment information on the Applicant from one or more consumer reporting agencies and from other sources of such information. The Applicant authorizes the reporting agencies and any other person, including personnel from any government ministry or agency, to disclose relevant information about the Applicant to the Landlord. If this application is accepted, the Applicant understands that the above information will also be used and disclosed for responding to emergencies, ensuring the orderly management of the tenancy and complying with legal requirements.							
Applicant's Signature Date Signed		Date S	Signed	Co Applicant Signature			

First Applicant's Supplementary Information:				
Secondary Phone NumberEmail Address		Work Phone		
Present Landlord/Building Manager's Name: Phone Number		Address		
Previous Landlord/Building Manager's Name Phone Number		Address		
Employer:Supervisor's Name:	Position _ Phone Num	ber	Monthly Income Length Employed	
Previous Employer:Supervisor's Name	Position Phone Numb	Monthly Income Length Employed		
Vehicle Make: Mo Second Vehicle Mo	odelodel	Colour Colour	License PlateLicense Plate	
Business or Personal Reference Name:Phone No		Address		
Next of Kin, Doctor, or person for emergency conta Phone No Name: _ Phone No	act Name:	Address Address		
Co Applicant's Supplementary Information:				
Secondary Phone NumberEmail Address		Work Phone		
Present Landlord/Building Manager's Name:AddressPhone Number				
Previous Landlord/Building Manager's Name Phone Number		Address		
Employer:Supervisor's Name:	Position _ Phone Num	ber	Monthly Income Length Employed	
Previous Employer:Supervisor's Name	Position Phone Numb	er	Monthly IncomeLength Employed	
Vehicle Make: Mo Second Vehicle Mo	odel	ColourColour	License PlateLicense Plate	
Business or Personal Reference Name:Phone No		Address		
Next of Kin, Doctor, or person for emergency conta Phone No Name: _ Phone No	act Name:	Address Address		
Other Adult Occupants: Names:Names:	Names:	Names:		
Other Minor Occupants: Names:Names:	Names:	Names:		
Landlord Signature:				
The information you provided on both pages continuon both pages is true and correct.	nues as part of your applicat	ion for tenancy. Your signature	on the 1st page confirms all information	