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ROYAL LEPAGE POWELL RIVER - TENANCY APPLICATION

The application process is divided in to the following steps:

1. Disclosure for Residential Tenancies.
2. Application Form

The disclosure form is required by the Real Estate Council of British Columbia. It is important that you read and understand the PDF before proceeding and return to our office. If you would rather complete this process offline, we can email the PDF forms to you. Should you have any questions or concerns regarding the disclosure form, please contact our office prior to submitting your tenancy application.

- Disclosure for Residential Tenancies. (separate attachment)
- or <https://www.recbc.ca/pdf/forms/Disclosure-for-Residential-Tenancies.pdf>

COMPLETION OF TENANCY APPLICATION:

Royal LePage Powell River is the agent for the landlord in all residential rental/leasing and property management transactions. All Personal information gathered by the Landlord or Agent is deemed confidential and shall be used only for the purpose of checking the applicant(s) suitability prior to entering into a rental or lease agreement. This confidential rental application personal information shall **not** be shared with other persons, authorities, or entities.

You should not provide any information to Royal LePage Powell River, that you would not provided directly to the Landlord.

I hereby give the property owner and/or agents or employees, the consent and authority required to communicate with any credit reporting agency to obtain a consumer credit report, and to communicate with any other persons or parties concerning my history for the purpose of verifying the information on my rental application and determining whether my history conforms to the requirements of the resident selection criteria for the property. It is understood that the owner or his agent may reject my application without stating any reason for so doing.

I certify the information provided in this application is true and correct. **I have read and accept all terms.**

APPLICANT SIGNATURE: _____

DATE: _____

ROYAL LEPAGE POWELL RIVER – RENTAL APPLICATION

EACH ADULT Planning to occupy the residence must fill out an application.

APPLICANTS NAME: _____
First Middle Last

DATE OF BIRTH: _____ Social Insurance # _____
YYYY/MM/DD

CURRENT ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____

RENTAL PROPERTY(S) INTERESTED IN: _____

DATE OCCUPANCY DESIRED _____

Note: Some properties require no less than a twelve (12) month lease.

NUMBER OF ADULTS TO OCCUPY RENTAL UNIT: _____ # OF CHILDREN UNDER 18: _____ AGES _____

PLEASE LIST ALL APPLICANTS: _____

PRESENT LANDLORD: _____ PHONE: _____

REASON FOR MOVING: _____ CURRENT RENT PAID _____

ARE YOU UNDER A NOTICE TO END YOUR PRESENT TENANCY? YES _____ NO _____

HAVE YOU GIVEN NOTICE TO VACATE: YES _____ NO _____ HOW LONG AT RESIDENCE: _____

PREVIOUS LANDLORD: _____ PHONE: _____

PREVIOUS ADDRESS: _____ CITY: _____ PROV: _____

REASON FOR MOVING: _____ AMT OF RENT PAID _____

HAVE YOU EVER? IF YES, PLEASE EXPLAIN BELOW:
____ Been evicted from a tenancy? _____
____ Refused to pay rent? _____
____ Been issued and Order of Possession? _____
____ Do you presently owe any rent or other monies to a Landlord? _____

**** ANY APPLICATION FOR TENANCY IN WHICH WE'RE UNABLE TO CONFIRM AN APPLICANTS FORMER TENANCY WITH AN INDEPENDENT LANDLORD CAN BE REJECTED****

**WE RESERVE THE RIGHT NOT TO PROCESS INCOMPLETE APPLICATIONS.
PLEASE ENSURE ALL INFORMATION IS FILLED OUT IN FULL.**

DO YOU HAVE ANY PETS? YES _____ NO _____ (It is important that you list all pets)

TYPE OF PETS: _____
Breed/ Weight / Age / Name

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DO YOU OR ANY HOUSEHOLD MEMBERS SMOKE or VAPE? YES _____ NO _____

DO YOU CURRENTLY HAVE THE LEGAL RIGHT OR HAVE YOU APPLIED FOR THE LEGAL RIGHT TO OPERATE A MEDICAL MARIJUANA GROW-OPERATION? YES _____ NO _____

EMPLOYER – COMPANY NAME: _____

POSITION/ JOB: _____ HOW LONG: _____

SUPERVISOR/ MANAGER: _____ CONTACT #: _____

MONTHLY SALARY: _____ NET / GROSS (Please Circle One)

ADDITIONAL / CHARACTER REFERENCES (OPTIONAL):

Other than Family Members Please

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

CLOSEST RELATIVE: _____ RELATIONSHIP: _____ PHONE: _____

SPECIAL REQUIREMENTS: (School Catchment Area, Walking Distance to Amenities, etc.)

Tenant Screening Criteria

- **Minimum of two references from unbiased sources, including at least one landlord reference (preferably present & previous landlord / agent) If you currently own your home please list in Present Landlord section.**
- No pets of any kind are allowed unless authorized by the landlord. A pet deposit will be required (half of the months' rent) and a pet agreement signed.
- Maximum of two people to occupy each bedroom in a property
- **TENANCY WILL BE DENIED** if you misrepresent any information on this application. If misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated.