



APPLICATION FOR RENTAL FORM

Instructions:

1. Please complete and return to **Casa Del Mar Real Estate Holdings Ltd.**, as follows:
 - Submit to the property manager on site;
 - email to gmanabat@puremultifamily.com; or
 - mail to Suite #200-50 Fell Ave, North Vancouver, BC V7P 3S2
2. The information contained in this form must be accurate. **TENANCY WILL BE DENIED** IF you misrepresent any information on the application. If misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated.
3. Please complete one application for each person not related by blood or marriage.
4. Present 2 pieces of identification for verification purposes.

Primary ID, government issued photo ID	Secondary ID, displays the same name on government issued photo ID
<ul style="list-style-type: none"> • Driver’s Licence (issued by Canadian province or territory) • Foreign Driver’s Licence • Canadian Passport • Foreign Passport • Canadian Citizenship Card • Permanent Resident (PR) Card • Certificate of Indian Status • Student Identity Card from a Foreign Institute • Firearms Acquisition Certificate (FAC) or Possession/Acquisition Licence (PAL) • Canadian National Institute of The Blind (CNIB) Identification Card • Federal, Provincial or Municipal Identification Card • Military Family Card 	<ul style="list-style-type: none"> • Government Employment Card • International Student Card • Age of Majority Card • Birth Certificate • Baptismal Certificate • Hunting Licence • Fishing Licence • Boating Licence • LCBO/Age of Majority Card • Outdoors Card • Hospital Card • Canadian Blood Donor Card • Immigration Papers • Student ID • Utility bills showing name and address may be used as secondary ID. <p><i>Social Insurance Number (SIN) card is not acceptable for either the primary or secondary piece of identification.</i></p>



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PRINT CLEARLY

Date suite required:					
Monthly Rent:	\$		Security Deposit:	\$	
PERSONAL DETAILS					
First Name:			Middle Name:		
Last Name:					
Birth Date (YYYY/MM/DD):					
Social Insurance Number <i>(optional):</i>	_____	_____	_____		
Driver's License #:			Province:		
Valid	Y		N		
Driver's License Issued (YYYY/MM/DD):			Expires (YYYY/MM/DD):		
Phone:					
Email:					
PROPOSED OCCUPANT INFORMATION					
#	Name:	Age:		Relationship:	
1					
2					
3					
RESIDENCE HISTORY (minimum 3 year history)					
Current Address:	(number/street)				
	City:		Province:	Postal Code:	
Address duration:		YRS		MTH	Rent Amount: \$
Landlord's Name:					
Landlord's Phone:			Landlord's Email:		
Reason for Leaving:					



Previous Address:	(number/street)							
	City:			Province:		Postal Code:		
Address duration:		YRS		MTH	Rent Amount:	\$		
Landlord's Name:								
Landlord's Phone:				Landlord's Email:				
Reason for Leaving:								
Prior Address:	(number/street)							
	City:			Province:		Postal Code:		
Address duration:		YRS		MTH	Rent Amount:	\$		
Landlord's Name:								
Landlord's Phone:				Landlord's Email:				
Reason for Leaving:								
EMPLOYMENT HISTORY (minimum 3 year history)								
Current Employer (name):								
Phone:				Employment duration:		YRS		MTH
Occupation:				Annual Income:	\$			
Previous Employer (name):								
Phone:				Employment duration:		YRS		MTH
Occupation:				Annual Income:	\$			
Prior Employer (name):								
Phone:				Employment duration:		YRS		MTH
Occupation:				Annual Income:	\$			
CREDIT HISTORY								
	Bank/Institution/Credit Union				Balance/amount owing			
Savings					\$			
Credit Card					\$			
Loan(s)					\$			



VEHICLE(S)				
Make & model	Colour	Year	Province	License plate #
PERSONAL REFERENCES (provide 2 personal references not related to you)				
Name, reference 1:				
Relationship:				
Address:	(number/street)			
	City:	Province:	Postal Code:	
Phone:		Cell:		
Email:				
Name, reference 2:				
Relationship:				
Address:	(number/street)			
	City:	Province:	Postal Code:	
Phone:		Cell:		
Email:				
EMERGENCY TENANT CONTACTS (Provide information for individuals to contact in the event of an emergency, in the order for which they are to be contacted)				
Name, contact 1:				
Relationship:				
Address:	(number/street)			
	City:	Province:	Postal Code:	
Phone:		Cell:		
Email:				



Name, contact 2 :			
Relationship:			
Address:		(number/street)	
		City:	Province:
		Postal Code:	
Phone:		Cell:	
Email:			
GENERAL QUESTIONS, IF yes, explain why?			
Have you ever been evicted as a tenant?			
Have you ever been convicted of a criminal offence?			
AUTHORIZATION AND AGREEMENT SIGNATURE			
TENANCY WILL BE DENIED IF you misrepresent any information on the application. If misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated.			
I the undersigned hereby authorize Casa Del Mar Real Estate Holdings Ltd. the company to whom my application has been submitted, to obtain a consumer credit report, to conduct a criminal record search, an eviction search and to make any other inquiries as deemed necessary in determining eligibility for tenancy and assessing credit worthiness. I understand that the information set out in the rental application form may be used for purposes of responding to emergencies, ensuring the orderly management of the tenancy, complying with legal requirements and for collection purposes should rent be left owing or rental property damaged at termination of lease or end of tenancy.			
Applicant's Signature:			Date (YYYY/MM/DD):
Co-Applicant's Signature:			Date (YYYY/MM/DD):

All information contained in this form will be kept strictly confidential and is solely for the use of Casa Del Mar Real Estate Holdings Ltd. and Pure Multi-Family.