

**MACDONALD COMMERCIAL REAL ESTATE SERVICES LTD.**

Property Management Services  
1827 West 5<sup>th</sup> Avenue, Vancouver, BC, V6J 1P5  
Phone (604) 736-5611 Fax: (604)736-7976

Property Manager: **Dominic Aikman**; email: [rentstgeorge@macrealty.com](mailto:rentstgeorge@macrealty.com)  
Website: [www.macdonaldcommercial.com](http://www.macdonaldcommercial.com)



**APPLICATION FOR RENTAL**

*I hereby offer to lease the residential premises specified herein and provide the following information which I/we warrant to be true to assist in your consideration of my/our application for tenancy.*

ADDRESS: 154 E 18<sup>th</sup> Street, North Vancouver SUITE NO.: \_\_\_\_\_  
DATE OF OCCUPANCY: \_\_\_\_\_ NO. OF PARKING STALLS: \_\_\_\_\_  
RENT: \$ \_\_\_\_\_ PARKING: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_ SECURITY DEPOSIT: \$ \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Address:**

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_

**Previous Address:**

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_

**Social Insurance**

No.:(optional) \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_

**EMPLOYER**

Position: \_\_\_\_\_  
Contact Name & Phone : \_\_\_\_\_  
Salary: \_\_\_\_\_  
How long: \_\_\_\_\_  
Other Income: \_\_\_\_\_

**SPOUSE/ROOMMATE/CO-APPLICANT:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Address:**

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_

**Previous Address:**

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_  
Landlord Name: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_

**Social Insurance**

No.:(optional) \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_

**EMPLOYER:**

Position: \_\_\_\_\_  
Contact Name & Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_  
How long: \_\_\_\_\_  
Other Income: \_\_\_\_\_

**Other Occupants:** Names and ages of children: \_\_\_\_\_

Number and type of pets: \_\_\_\_\_

Smoking:  Yes  No

**Credit Cards:**  Visa  Mastercard  American Express  Other: \_\_\_\_\_

Do you have a vehicle?  Yes  No Make: \_\_\_\_\_ Licence No.: \_\_\_\_\_

Insurance: Do you personally insure your personal belongings and third party liabilities?  Yes  No

**EMERGENCY CONTACT**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**I consent to a credit check being obtained in conjunction with this application.**

Signature \_\_\_\_\_

Co-applicant \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Re: GROW OPS – The landlord may inspect the rental unit monthly in accordance with subsection (2) (a) of the RTA.**