



### RENTAL APPLICATION

Information is required for the past five years. If you are self-employed please provide a short description of your business on the reverse. Financial statements of T4's for two (2) years will be required.

**Applicant Name:**

	<i>Last</i>	<i>First</i>	<i>Initials</i>
Date of Birth:	_____ / _____ / _____ (dd/mm/yy)	Social Insurance No.:	_____
Home Phone:	( _____ ) _____	Alternate Phone:	( _____ ) _____
Employer:	_____	Position:	_____
Gross Income:	_____ (per month)	Length of Time:	_____
Supervisor's Name:	_____	Phone:	( _____ ) _____

**Co-Applicant Name:**

	<i>Last</i>	<i>First</i>	<i>Initials</i>
Date of Birth:	_____ / _____ / _____ (dd/mm/yy)	Social Insurance No.:	_____
Home Phone:	( _____ ) _____	Alternate Phone:	( _____ ) _____
Employer:	_____	Position :	_____
Gross Income:	_____ (per month)	Length of Time:	_____
Supervisor's Name:	_____	Phone:	( _____ ) _____

**Full Names of all other Adult or Minor (Age Required if Under 19) Persons to occupy the premises:**

Name / Relationship:	_____	Name / Relationship:	_____
Name / Relationship:	_____	Name / Relationship:	_____

**Present Address:**

_____ <i>Street Address</i>		_____ <i>Apartment/Unit Number</i>	
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Start of Tenancy:	_____ / _____ / _____ (dd/mm/yy)	End of Tenancy:	_____ / _____ / _____ (dd/mm/yy)
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Reason for leaving: _____		

Name of Landlord:	_____	Phone:	( _____ ) _____
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**Previous Address:**

_____ <i>Street Address</i>		_____ <i>Apartment/Unit Number</i>	
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Start of Tenancy:	_____ / _____ / _____ (dd/mm/yy)	End of Tenancy:	_____ / _____ / _____ (dd/mm/yy)
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Reason for leaving: _____		

Name of Landlord:	_____	Phone:	( _____ ) _____
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**Two Personal or Business References (Non-Family)**

Name / Relationship:	_____	Phone:	( _____ ) _____
Name / Relationship:	_____	Phone:	( _____ ) _____

<b>Pets:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Smoking:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Vehicle Information</b>	Make:	_____	Model:	_____	Year:	_____
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<b>Vehicle Information</b>	Make:	_____	Model:	_____	Year:	_____
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PROPERTIES LTD.

937 Dunford Avenue - Suite 105, Victoria, British Columbia V9B 2S4  
Phone: (250) 590-3140 Fax: (250) 590-8086  
Email: info@kangandgill.com

**OFFER TO RENT**

I/We acknowledge and understand that **K&G Properties Ltd.** and its employees are acting solely as agents for the owners. I/We understand, herein after known as the applicants(s), hereby offer to rent the residential premises located at:

**Address:**

<i>Street Address</i>		<i>Apartment/Unit Number</i>
<i>City</i>	<i>Province</i>	<i>Postal Code</i>

**For the amount of:** \$ \_\_\_\_\_ **Commencing:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yy)

A Damage Deposit equal to a half (1/2) month's rent, is due and payable to K&G Properties Ltd. upon acceptance of this application The Damage Deposit will be held by K&G Properties Ltd. who will hold it in a trust account until the tenancy ends. The deposit must be paid by cheque or money order in Canadian funds only.

I/We further agree that if this application is accepted, I/We will enter into a Residential Tenancy Agreement for a minimum term of :

**Length of proposed tenancy:** \_\_\_\_\_

**CONSENT**

For the purpose of determining whether this Application for Tenancy is acceptable, the Applicant(s) consents to K&G Properties Ltd. obtaining credit, personal and employment information on the Applicant(s) from one or more consumer reporting agencies and from other sources of such information. The Applicant(s) authorizes the reporting agencies and any other person, including personnel from any government ministry or agency, to disclose relevant information about the Applicant(s) to K&G Properties Ltd. If this application is accepted, the Applicant(s) 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.

I/We understand that smoking is not prohibited on the premises and that the premises will be inspected regularly.

**DATE OF APPLICATION:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yy)

\_\_\_\_\_  
*SIGNATURE of Applicant*

\_\_\_\_\_  
*SIGNATURE of Co-Applicant*