

## Aquilini Centre West Rental Application Form

**Applications must be dropped off in person.**  
**To book an appointment, please call 604-676-9501 or email [info@aquilinicentre.com](mailto:info@aquilinicentre.com)**

### PROPOSED RENTAL

Preferred Suite #: \_\_\_\_\_ Alternative Suite #: \_\_\_\_\_  
Preferred Move-in-Date: \_\_\_\_\_ Lease Term: 1 Year \_\_\_\_\_  
Will you require parking? Yes \_\_\_\_\_ No \_\_\_\_\_ Will you require storage? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please note smoking and pets are not permitted on the property.*

### PERSONAL INFORMATION *(co-applicants are required to fill out separate forms. Please reference co-applicants name)*

Name of Applicant: \_\_\_\_\_ Social Insurance No. (optional): \_\_\_\_\_  
Applicant's Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
Preferred Contact Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_  
Co-Applicants Name for Reference: \_\_\_\_\_

### TENANT HISTORY

**Current Residence Address:** \_\_\_\_\_ City/Town: \_\_\_\_\_  
Country \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_ or Mortgage Payment: \$ \_\_\_\_\_  
Lease Term (MM/DD/YY): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ or month to month: Yes \_\_\_\_\_  
Landlord / Manager's Name (or Lender's, if space owned): \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Reason for Moving: \_\_\_\_\_  
**Previous Residence Address:** \_\_\_\_\_ City/Town: \_\_\_\_\_  
Country \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_ or Mortgage Payment: \$ \_\_\_\_\_  
Lease Term (MM/DD/YY): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Previous Landlord / Manager's Name (or Lender's, if space owned): \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Reason for Moving: \_\_\_\_\_  
Have you ever had Tenancy Dispute? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

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**EMPLOYMENT HISTORY****Current Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone No.: (\_\_\_\_) \_\_\_\_\_ Supervisor's/HR Name: \_\_\_\_\_

Contact No.: (\_\_\_\_) \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ From (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone No.: (\_\_\_\_) \_\_\_\_\_ Supervisor's/HR Name: \_\_\_\_\_

Contact No.: (\_\_\_\_) \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ From (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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**DEPENDANT INFORMATION** *(if any)*

Name of Dependant: \_\_\_\_\_ Relationship: \_\_\_\_\_ Dependant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Dependant: \_\_\_\_\_ Relationship: \_\_\_\_\_ Dependant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**OTHER INFORMATION REGARDING THE APPLICANT**

Driver's License No.: \_\_\_\_\_ Prov./State of Issuance: \_\_\_\_\_ Expiration Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Bank Phone No.: (\_\_\_\_) \_\_\_\_\_

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I authorize the Landlord and/or its agents to conduct any credit, background and/or reference checks as the Landlord considers necessary to verify the accuracy of the information I have provided and to otherwise fully consider my rental application. This may include, but will not be limited to, reviewing credit reports, performing criminal records checks and making inquiries of any present or former employers or landlords about my income and/or rent payment history. I certify that I have never been evicted from a rental property and that I have not filed for bankruptcy within the past five (5) years. I understand that the Landlord retains full discretion to reject my rental application if I have provided any false information or if the Landlord acquires information which in its sole determination reflects unfavourably on my application. I consent to all present and past employers, landlords and other references disclosing any information requested by the Landlord consistent with the above authorization.

 *By checking this box you agree to the terms mentioned above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_