

Aquilini Centre West
Rental Application Form

Applications must be dropped off in person.
To book an appointment, please call 604-676-9501 or email rent@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 _____
How did you hear about us? _____

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 _____

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** ____/____/____**DEPENDANT INFORMATION (if any)****Name of Dependant:** _____ **Relationship:** _____ **Dependant's Date of Birth:** ____/____/____**Name of Dependant:** _____ **Relationship:** _____ **Dependant's Date of Birth:** ____/____/____**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.:** (____) _____

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:** _____