



LADYSMITH RESOURCES CENTRE ASSOCIATION

Heart on the Hill

Tenant Application Form for 314 Buller Street

Market Rent Y N

If no, please provide BC Housing# _____

Date _____ Date unit required _____

Type of unit required: Studio 1 bedroom 2 bedroom wheelchair/handicapped

Applicant _____
(Surname) (Given) (Middle)

Date of birth: Month _____ Day _____ Year _____

Marital Status: Married Separated Single Common-law

Telephone: _____ email: _____

Co-Applicant _____
(Surname) (Given) (Middle)

Date of birth: Month _____ Day _____ Year _____

Marital Status: Married Separated Single Common-law

Telephone: _____ email: _____

Current Address:

Length of stay _____ Address _____

Reason for moving: _____

Owned home Rented

If rented, Landlord's name: _____

Landlord's phone: (____) _____

Previous Address if above is less than two years:

Length of stay _____ Address _____

Reason for moving: _____

Owned home Rented

If rented, Landlord's name: _____

Landlord's phone: (____) _____

Present Employer

(If unemployed- please provide income details (i.e. CPP/PWD/OAS/GIS/Trust))

(Name and full address)

Full time Part time Length of Employment _____ Your position _____

Supervisor's Name/Tel _____

Income verification (pls include 2 recent paystubs and 3 months bank statements)

Previous employer (if less than 1 year at present employer):

(Name and full address)

Full time Part time Length of Employment _____ Your position _____

Supervisor's Name/Tel _____

Reason for leaving _____

Spouse Information (Roommate or common law less than 2 years, must fill out own application):

Name: _____

Employer: _____

(Name and full address)

Full time Part time Length of Employment _____ Phone (____) _____

Your Position _____ Supervisor's Name _____

Income (gross monthly) _____

Dependant Children: (please note last name if different from above)

Name: _____ M / F

Name: _____ M / F

Name: _____ M / F

A CREDIT CHECK MAY BE DONE

Credit Reference

Bank name _____

Address _____ Tel: _____

Visa Master Card Other

Personal Reference (Must fill out full mailing addresses)

1. Name _____

Address: _____

Phone: _____

Nature of relationship: _____

2. Name _____

Address: _____

Phone: _____

Nature of relationship: _____

Emergency Contact:

Name _____

Address: _____

Phone: _____

Nature of relationship with Contact: _____

Vehicle(s): **motorized scooter** yes no

Make/Model _____ Year _____ License _____

Make/Model _____ Year _____ License _____

*Tenant acknowledges that property has street parking. Private parking stalls are on a first come/first serve basis and have an extra monthly fee. Do you want private parking? yes no

Pet Details

Name: _____ Weight: _____

Type of pet: _____ Height: _____

Tenant is aware that a pet deposit equal to half of one month's rent is required for any pet. Only One (1) pet per unit is allowed. Some exceptions apply.

The building does not permit any form of smoking or vaping. Please acknowledge that you have read this and agree not to smoke or vape at any time -anywhere in the building/unit. Additionally, that you will not permit anyone whom you have invited to the building/unit to smoke/vape. Agree

I/We, the undersigned, warrant the truth, completeness and accuracy of the foregoing information and hereby authorize and consent to Heart on the Hill obtaining further information about me/us and to check the information that has been given by me/us. Heart on the Hill may also disclose information about me/us to Credit Bureaus and other persons with whom I/We have, or propose to have, financial dealings, or if it believes the disclosure is required by law. I/We agree that this application will be retained by Heart on the Hill, should I enter into a rental agreement with Heart on the Hill, however, it will be destroyed if I do not. This information will only be used for the purpose of reviewing my rental request and follow up of the subsequent rental agreement, and no other purpose.

Signature of Applicant(s)

Incomplete information will result in processing delay or rejection