



LADYSMITH RESOURCES CENTRE ASSOCIATION  
We Help Build Our Thriving Community

## Tenant Application Form for 314 Buller Street

Market Rent Y or N

If no, please provide BC Housing# \_\_\_\_\_

If you are currently collecting SAFER it may be discontinued as 314 Buller Street is a BC Housing subsidized building

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