



## WIDSTEN PROPERTY MANAGEMENT INC.

503 Comox Road, Nanaimo, BC V9R 3J2

Tel: (250) 753-8200 Fax: (250) 753-8290 [www.islandrent.com](http://www.islandrent.com)

### APPLICATION TO RENT

**PLEASE NOTE: Incomplete applications will not be processed! One Application per adult occupant required**

I, the undersigned, am applying to rent the premises at:

Address: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Date occupancy desired: \_\_\_\_\_ Term of Lease:  6 Months  12 Months

*Note: Some properties will require no less than a twelve month lease. We do not offer month-to-month tenancies.*

Unless otherwise specified, there are no pets and no smoking. In the event a pet is accepted, a pet deposit consisting of half a months rent will be payable in addition to the security deposit. I own \_\_\_\_\_ # of pets. If so, please list type, breed & age:

Do you intend to obtain tenant insurance on this property?  YES  NO

APPLICANT NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ SOCIAL INSURANCE #: \_\_\_\_\_  
YYYY/MM/DD

PHONE: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE/ID #: \_\_\_\_\_ TYPE OF VEHICLE(S) \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ OTHER VEHICLE: \_\_\_\_\_

**\*\*ONLY VEHICLES ON THIS APPLICATION WILL BE PERMITTED ON THE PREMISES, UNLESS OTHERWISE AGREED IN WRITING\*\***

NAME ALL OTHER ADULT OCCUPANTS, INCLUDING AGE(S): \_\_\_\_\_

NAME ALL OTHER MINOR OCCUPANTS, INCLUDING AGE(S): \_\_\_\_\_

① **PRESENT LANDLORD:** \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_ RENT: \$ \_\_\_\_\_

② **PREVIOUS LANDLORD:** \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_ RENT: \$ \_\_\_\_\_

③ **EMPLOYER – NAME & CONTACT #:** \_\_\_\_\_

POSITION/JOB: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

GIVE TWO (2) NAMES OF YOUR NEXT OF KIN, DOCTOR OR OTHER PERSON FOR EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CONSENT:** FOR THE PURPOSES ON DETERMINING WHETHER THIS APPLICATION FOR TENANCY IS ACCEPTABLE, THE APPLICANT CONSENTS TO THE LANDLORD OBTAINING A CREDIT, PERSONAL AND EMPLOYEMTN INFORMATION ON THE APPLICATN FROM ONE OR MORE CONSUMER REPORTING AGENCIES AND FROM OTHER SOURCES OF SUCH INFORMATION. THE APPLICANT AUTHORIZES THE REPORTING AGENCIES AND OTHER PERSON INCLUDING PERSONNEL FROM ANY GOVERNMENT MINISTRY OR AGENCY TO DISCLOSURE RELEVANT INFORMATION ABOUT THE APPLICANT TO THE LANDLORD. IF THIS APPLICATION IS ACCEPTED THE APPLICANT 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.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_