



WIDSTEN PROPERTY MANAGEMENT INC.
#100 – 319 Selby Street, Nanaimo, BC V9R 2R4
Tel: (250) 753-8200 Fax: (250) 753-8290 www.islandrent.com

APPLICATION TO RENT

PLEASE NOTE: We reserve the right not to process incomplete applications!

A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH ADULT APPLICANT

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.

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: WORK:

EMAIL ADDRESS:

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

LICENSE PLATE #: OTHER VEHICLE:

ONLY VEHICLES LISTED 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):

PRESENT LANDLORD: PHONE: ()

CURRENT ADDRESS: CITY: POSTAL

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

REASON FOR MOVING:

PREVIOUS LANDLORD: PHONE: ()

PREVIOUS ADDRESS: CITY: POSTAL:

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

REASON FOR MOVING:

WE MAY REJECT ANY APPLICATION FOR TENANCY WHERE WE ARE UNABLE TO CONFIRM AN APPLICANT'S FORMER TENANCY WITH AN INDEPENDENT LANDLORD

INITIAL HERE

③ **EMPLOYER** – COMPANY NAME: _____

POSITION/JOB: _____ LENGTH OF EMPLOYMENT: _____

SUPERVISOR/MANAGER: _____ CONTACT #: _____

MONTHLY INCOME: _____ **NET / GROSS (please circle one)**

④ **PETS** – Unless otherwise specified, there are no pets permitted. 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 _____ TYPE(s), BREED(s) & AGE(s): _____
of pets

⑤ **EMERGENCY CONTACTS:**

GIVE TWO (2) NAMES OF YOUR NEXT OF KIN, DOCTOR OR OTHER PERSON WE MAY CONTACT IN THE CASE OF AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

⑥ **ADDITIONAL/CHARACTER REFERENCES (OPTIONAL):**

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PLEASE REVIEW THE FOLLOWING BEFORE SIGNING APPLICATION:

****ALL PROPERTIES ARE NON-SMOKING DWELLINGS****

CONSENT: FOR THE PURPOSES OF DETERMINING WHETHER THIS APPLICATION FOR TENANCY IS ACCEPTABLE, THE APPLICANT CONSENTS TO THE LANDLORD OBTAINING CREDIT, PERSONAL AND EMPLOYMENT INFORMATION ON THE APPLICATION FROM ONE OF MORE CONSUMER REPORTING AGENCIES AND ANY OTHER PERSON INCLUDING PERSONNEL FROM ANY GOVERNMENT MINISTRY OR AGENCY TO DISCLOSE RELEVANT INFORMATION ABOUT THE APPLICANT TO THE LANDLORD. WIDSTEN PROPERTY MANAGEMENT INC. MAY REJECT ANY APPLICATION FOR TENANCY WHERE THE APPLICANT FAILS TO PROVIDE A CREDIT CHECK SATISFACTORY TO THE AGENT.

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: _____

WE RESERVE THE RIGHT NOT TO PROCESS INCOMPLETE APPLICATIONS, PLEASE ENSURE ALL INFORMATION IS FILLED OUT IN FULL.

Please return your completed application to THE AGENT: Widsten Property Management Inc., at:
#100 – 319 Selby Street, Nanaimo, BC V9R 2R4 or by fax to (250) 753-8290