



GATE 16 - 800 GRIFFITHS WAY T 604.676.9501  
 VANCOUVER, BC F 604.899.5399  
 CANADA V6B 6G1 AQUILINICENTRE.COM

### Rental Application Form

**Applications must be received in person. Please print and complete the application. To book an appointment, please call 604.676.9501 or email rent@aquilinicentre.com**

**PROPOSED RENTAL** *(Please note pets are not permitted on the property)*

Preferred Building (circle)	<b>Aquilini Centre West</b>	<b>Aquilini Centre South</b>
Preferred Suite #	Preferred Move-in-Date	
Alternative Suite #	Will you require parking?	Yes      No

**PERSONAL INFORMATION** *(co-applicants are required to fill out separate forms)*

Name of Applicant	
Co-Applicants Name for Reference (ie. roommate if applicable)	
Date of Birth (MM / DD / YYYY)	Social Insurance No. (optional)
Preferred Contact # (      ) -	Email

**TENANT HISTORY**

<b>Current Address</b>	Apt#	Street	City/Town	Prov / Country	Postal
Start of Lease Term (MM / DD / YYYY)			End of Lease Term (MM / DD / YYYY)		
Monthly Rent \$		or Mortgage Payment \$			
Landlord / Manager's Name (or Lender's, if owned)					
Contact Number #					
Reason for Moving					

<b>Previous Address</b>	Apt#	Street	City/Town	Prov / Country	Postal
Lease Term MM / DD / YY					
Monthly Rent \$		or Mortgage Payment \$			
Landlord / Manager's Name (or Lender's, if owned)					
Contact Number #					
Reason for Moving					

**Have you ever had Tenancy Dispute?**    Yes    No    **Have you ever been evicted?**    Yes    No



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**EMPLOYMENT HISTORY**

**Current Employer**

Position

Suite# Street City/Town Prov / Country Postal

Supervisor's/HR Name

Contact Number #

Annual Income \$

Worked from MM / DD / YYYY

**Previous Employer**

Position

Suite# Street City/Town Prov / Country Postal

Supervisor's/HR Name

Contact Number #

Annual Income \$

Worked from MM / DD / YYYY

**ADDITIONAL INFORMATION REGARDING THE APPLICANT**

**Banking Institution**

Location and Phone Number

Driver's License # Prov./State of Issuance Expiration Date

Name of Dependent(s) (i.e. Children)

Relationship to Applicant Dependent's Date of Birth

**How did you hear about us?**      Craigslist      Kijiji      Buzz Buzz Home      Facebook      Twitter  
    Instagram      Property Signage      Referral      Other

**What do you like best about Aquilini Centre?**

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. I acknowledge that electronic correspondence, pertaining to or resulting from this application, may come from Aquilini Properties LP via rent@aquilinicentre.com and/or info@aquilinicentre.com, and hereby authorize and grant consent and permission with respect to same.

**By checking this box you agree to the terms mentioned above. Please print, sign and scan a copy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_