

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

T 604.676.9501 F 604.899.5399

**Rental Application Form** 

## Applications must be received in person 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) Aquilini Cent	re West Aquilin	ni Centre South			
Preferred Suite	Preferred Move-in-	Preferred Move-in-Date			
Alternative Suite	Will you require parking? Yes		No		
PERSONAL INFORMATION (co-applicants are require	d to fill out separate forms)				
Name of Primary Applicant					
Co-Applicants Name for Reference (if applicable)					
Applicant's Date of Birth	Social Insurance No. (optional)				
Preferred Contact # ( ) -	Email				
TENANT HISTORY  Current Address 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					
Previous Address 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 / Cou	ntry Postal		
Supervisor's/HR Name					
Contact Number #					
Annual Income \$					
Worked from MM / DD / YY					
Previous Employer					
Position					
Suite# Street	City/Town	Prov / Cou	ntry Postal		
Supervisor's/HR Name					
Contact Number #					
Annual Income \$					
Worked from MM / DD / YY					
ADDITIONAL INFORMATION REGARDING THE APPLICANT					
Banking Institution					
Location and Phone Number					
Driver's License #	Prov./State of Issuance	Expiration Da	te		
Name of Dependent(s) (if any)					
Relationship	Relationship Dependent's Date of Birth				
How did you hear about us?	Craigslist Kijiji Twitter Instagram	Buzz Buzz Home Property Signage Re	Facebook ferral Other		
What do you like best about A	quilini 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:	_	ite.	.,		