



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

### Rental Application Form

**To ensure priority, we recommend that you bring a completed application form on tour.  
 To book an appointment, please call 604.676.9501 or email [rent@aquilinicentre.com](mailto:rent@aquilinicentre.com).**  
 All fields should be completed. Applications received with electronic signatures will not be processed.

#### PROPOSED RENTAL

Preferred Building (circle)	<b>Aquilini Centre West</b>	<b>Aquilini Centre South</b>
Preferred Suite #	\$ / month	Preferred Move-in-Date
Alternative Suite #	\$ / month	Will you require parking? <span style="float: right;">Yes No</span>

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

Name of Applicant	
Co-Applicants Name (ie. roommate if applicable)	
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					

**Have you ever had a Tenancy Dispute?** Yes No    **Are you being evicted?** Yes No

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**Have you ever had a Tenancy Dispute?** Yes No    **Were you evicted?** Yes No

