

**PART 2 – CO APPLICANT**

Previous Landlord:		Previous Landlord #:	
Previous Address:		City:	Province: Postal Code:
Owned Rented (Please circle)	Monthly payment/rent \$:	Tenancy Start: MMM/YYYY	End: MMM/YYYY

Reason for moving:

**CO-APPLICANT EMPLOYMENT INFORMATION:**

Current employer:		Length of employment:	
Phone:	E-mail:	Fax:	
City:	Province:	Part-time Full-time (Please circle one)	
Position:	Hourly Salary (Please circle one)	Monthly income \$:	Net or Gross

**CO-APPLICANT EMERGENCY CONTACT INFORMATION:**

Name of person <u>not</u> residing with you:		Relationship:	
City:	Province:	Phone:	Email:

**OTHER OCCUPANTS – Full names of all other persons under the age of 19 (including infants):**

Last Name,	First Name	Age/Birthdate MM/DD/YY	Last Name,	First Name	Age/Birthdate MM/DD/YY

**APPLICANT STATEMENTS:**

- I/We **do not** own any pets       I/We **do** own pets - If yes, describe pet(s): \_\_\_\_\_
- I/We **are** non-smokers      **\*\*Unless otherwise specified, there are no pets permitted**
- I/We **are** smokers      **and no smoking in all properties\*\***

**Note:** If your application is approved and the landlord permits the applicant to have a pet, an additional pet deposit of ½ a months' rent in addition to the security deposit will be required.

**ADDITIONAL CHARACTER REFERENCES:**

Name & Relationship	Phone Number:	Email Address:

**CONSENT:** For the purposes of determining whether this application for tenancy is acceptable, the Applicant(s) consent to the Landlord obtaining credit, personal and employment information on the Applicant(s) from one or more consumer reporting agencies and from other sources of such information. The Applicant(s) authorizes the reporting agencies and any other person, including personnel from any government ministry or agency, to disclosure relevant information about the Applicant(s) to the Landlord. **Glo-Mar Property Management Inc. may reject any application for tenancy where the applicant fails to provide a credit report satisfactory to the agent.**

If this application is accepted, the Applicant(s) understand 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.

**\*\*WE RESERVE THE RIGHT NOT TO PROCESS INCOMPLETE APPLICATIONS.  
PLEASE ENSURE ALL INFORMATION IS COMPLETED IN FULL\*\***

Signature of applicant:	Date:
Signature of co-applicant:	Date:

**PLEASE RETURN YOUR COMPLETED APPLICATION TO THE AGENT:**

Glo-Mar Property Management Inc. 3701 South Oyster School Road, Ladysmith BC V9G 2A2  
Phone (250) 716-6811 Email; glover.larry@gmail.com





## APPLICATION FOR TENANCY

**Please Note:** We reserve the right not to process incomplete applications  
**\*\*ONLY 2 APPLICANTS PER APPLICATION FORM\*\***

I/We, the undersigned (called the "Applicant"), apply to rent the address:

RENT \$: \_\_\_\_\_

(Unless otherwise stated on the ad)

DATE OF OCCUPANCY DESIRED: \_\_\_\_\_ **\*\*ALL LEASE TERMS ARE FIRM ON 12 MONTHS**

### PRIMARY APPLICANT'S INFORMATION:

First Name:		Middle Name:		Last Name:	
Date of birth: (MMM/DD/YY)			Home #:		Cell #:
Work#:		Email:			
Vehicle Make:		Model:	Color:	License Plate #:	
2 <sup>nd</sup> Vehicle:		Model:	Color:	License Plate #:	
Any other vehicles/trailers/boats, etc: <small>(**Only vehicles listed on this application will be permitted on the premises, unless otherwise agreed in writing**)</small>					
Landlord Name:			Landlord Phone #:		
Current Address:			City:	Province:	Postal Code:
Own    Rent <small>(Please circle one)</small>		Monthly payment/rent amount \$:		Tenancy Start:	End: MMM/YYYY                      MMM/YYYY
Reason for moving:					
Previous Landlord Name:			Previous Landlord #:		
Previous Address:			City:	Province:	Postal Code:
Owned    Rented <small>(Please circle one)</small>		Monthly payment/rent \$:		Tenancy Start:	End: MMM/YYYY                      MMM/YYYY
Reason for moving:					

### PRIMARY APPLICANT'S EMPLOYMENT INFORMATION:

Current employer:			Length of employment:		
Phone:		E-mail:		Fax:	
City:		Province:		Part-time    Full-time <small>(Please circle one)</small>	
Position:		Hourly    Salary <small>(Please circle one)</small>		Monthly income \$:                      Net or Gross	

### PRIMARY EMERGENCY CONTACT:

Name of a person <u>not</u> residing with you:			Relationship:		
City:		Province:	Phone:	Email:	

### CO-APPLICANT INFORMATION:

First Name:		Middle Name:		Last Name:	
Date of birth:			Phone #:		Email:
Current Landlord Name:			Current Landlord #:		
Current Address:			City:	Province:	Postal Code:
Own    Rent <small>(Please circle one)</small>		Monthly payment/rent amount \$:		Tenancy Start:	End: