## **South Island Property Management**

#100-3581 Shelbourne Street Victoria, BC V8P 4G8 Telephone: (250) **595-6680**Fax: (250) **595-2022**Email: **reception@sipmltd.com** 

## **Application for Tenancy**

Rental Address:	
Rent: \$/month Length of Tenancy Anticipated: _	
Full names of all <b>adults</b> to occupy the premises: <b>(each adult</b>	must complete an application):
TOTAL NUMBER OF PERSONS IN THIS TENANCY:	
Applicant's Name:	Phone:
Applicant's Email Address:	
Date of Birth: / /	
(day) (month) (year)	
Present Address:	
City: Province: Postal Code:	
Rent \$ How long? R	
Reason Leaving:	
Landlord\Manager\Realtor Name:	
· · · ·	
Previous Address #1:	
City: Province: Postal Code: _	
<b>Rent \$</b> How long? R	ent or Own?
Reason Leaving:	
Landlord\Manager\Realtor Name:	Phone:
Previous Address #2:	
City: Province: Postal Code: _	
<b>Rent \$</b> How long? R	ent or Own?
Reason Leaving:	
Landlord\Manager\Realtor Name:	Phone:
Employer:	Phone:
Position: How Long	
Supervisor	Phone:
Other Sources of Income:	Monthly Earnings: \$
Personal Reference #1:	Phone:
Emergency contact: Name(s):(other than roommate/spouse)	Phone:

Do you h	ave pets? YES / NO Description:	Do you smoke? YES ,	/ NO
Do you h	ave Tenant Insurance? (Insurance for pe	rsonal belongings and third party liability)	YES / NO
	t the Landlord is not responsible for tenant' e covering their possessions and protecting	s possessions. The Applicant(s) are advised to them against liability.	carry tenant's
I unders Exceptio		d for rent on an "as is" basis, and I am satisfi	ed with its condition.
obtaining informati Authorize	credit information reports on me from one con. I authorize the reporting agencies and othed Agent. If this application is accepted, the Afor responding to emergencies, ensuring the	s application for tenancy is acceptable, I hereby or more consumer reporting agencies or from ot her persons to disclose information on me to SIF pplicant understands that the above information orderly management of the tenancy and comply	her sources of PM, the Landlord's n will also be used and
	accepts and agree(s) to SIPM conducting rou Residential Tenancy Act.	tine inspections of the premises with proper notic	e given in accordance
Certifica	tion: I certify that the above information is	s true, complete and correct to the best of my l	knowledge and belief.
Applican	ts Signature:	Date:	
Persona	l Information Consent - Property Man	agement	
personal	information required for the purposes o t limited to, verification of employment, r	pressly consent to SIPM Ltd. collecting, using formularing my application for tenancy. The ferences and personal information proved	nis consent includes,
Manager		g to my application of policy as maintained ss concerns, I understand that I may do so by	-
	I agree that all personal information be complete and accurate.  Full Name:	I provide to South Island Property Manag	gement will
	Signature:		
	Date:		
	Date		