



Residential Tenancy Application

Important Information

Please read this before completing the *Residential Tenancy Application* form.

Note: Enter text in spaces provided only. This form will be invalid if you remove or change any questions or other text.

Information for landlords and applicants

This form is designed to help the landlord choose who will rent the premises.

This form is not, nor does it form any part of, a tenancy agreement. The rights and obligations of tenants and landlord are governed by the *Residential Tenancies Act of British Columbia*.

The residential property is designated for seniors 55+ and persons with disabilities, therefore, by applying the applicant agrees that all tenants and occupants must be aged 55 years or older.

No fees shall be charged for this application.

Information supplied on this form is strictly confidential. Landlords/agents may use it to perform a rental history check but cannot provide it to any third party unless they have written approval from the applicant.

If this application is unsuccessful, this form and any copies may be retained on a wait list. Applicants should advise Landlord if they do not wish to have their Application held on a wait list if initially unsuccessful.

Information for applicants

Each prospective tenant (except where Joint Tenancy is declared i.e. couples) should complete a *Residential Tenancy Application* form.

If the application is successful, you will be required to:

- produce a driver's licence or passport for identification purposes
- pay one month's rent in advance (timing to be determined)
- pay the Damage Deposit (plus Pet Damage Deposit if applicable) amount listed on this form
- complete a *Residential Tenancy Agreement and Condition report*.

Included in rent will be District of Peachland charges for water, sewer, garbage and recycling. If successful, it will be your responsibility to have all other services (such as telephone, cablevision, and electricity) connected in your name, to coincide with your date of occupation.



Insurance: It is your responsibility to insure your possessions. The landlord's insurance policy will not cover your possessions.

Parking: Parking on site is not assigned nor guaranteed. Parking is available on site on a first come first service basis. For residents, visitors and staff: there are 22 exclusive parking stalls, 39 shared parking stalls in the front of the building. In the back of the building, there are 14 exclusive parking stalls. There is no vehicle storage of any kind available and all vehicles must have current Insurance tags.

Applicant details (to be completed by applicant)

Full name (s)

Current address:

Prov.	Postal code

Home telephone number:	
Work telephone number:	
Mobile telephone number:	

Date of birth (s)(Occupancy Restricted to 55+)	/	/	/	/
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How long at this address:

Years:		Months:	
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Name of current landlord/agent:

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Telephone number of landlord/agent:

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Reason for leaving current address:

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Previous address: (If less than 3 years at "current" address)

Province:	Postal Code



How long at this address:

Years:		Months:	
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Name of previous landlord/agent:

Telephone number of landlord/agent:

Reason for leaving previous address:

Employment details

Occupation:					
Full time:		Part time:		Casual:	
Retired:					

Name of current employer:

How long employed there

Years:		Months:	
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Position held:

Address of current employer:

Postcode:

Name of contact person:

Telephone number:



Name of previous employer: (If less than 3 years with Current Employer)

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How long employed there

Years:		Months:	
Address of previous employer:			
Postcode:			
Name of contact person:			
Telephone number:			

Salary/Income: Monthly \$ _____ Annual:

\$ _____

(You must attach copies of all applicants most recent Income Tax Return/ Notice of Assessment).

Important Note: Facility is housing low and moderate income tenants, Age 55+, therefore you must meet the income requirements:

a) For residential units with less than two (2) bedrooms, a gross household income for 2017 that does not exceed \$69,360.

b) For residential units with two (2) or more bedrooms, a gross household income for 2017 that does not exceed \$99,910.

Other net income (e.g. investments) (\$):

Consideration for Accessible Unit

Confirm with your initials here if you are confirming that you receive a Disability Pension and that you wish to be considered for an Accessible Unit. _____. Please Note that your Financial Information should confirm the type of disability pension you receive.

There are five (5) Accessible Units in the Project. If one is not available would you consider placement in another Unit? Yes ___ or No ___



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Indicate your Unit preference No guarantee is given that your preference can be met. If you are invited to enter into a Tenancy Agreement these details will be reviewed at that time.

One Bedroom

Two Bedroom

References (Purpose of asking for references – Provide the Landlord an indication of your previous tenancy or home ownership experience)

(If you have written references attach copies to this form)

1. Name:	
Relationship to applicant:	
Home telephone number:	
Work telephone number:	

2. Name:	
Relationship to applicant:	
Home telephone number:	
Work telephone number:	

Banking Information: By providing the name of my Financial Institution, I confirm that I have a bank account and will be prepared to enter into a Payor's Pre-authorized Agreement to have my rent and any other payments paid directly.

Name of Financial Institution _____.



SMOKE FREE PREMISES – Initial here that you understand that the Residences on 6th Housing Complex and its properties are completely smoke free. No smoking in units, in the building, or on the property at all.

Pets

The type of pet is restricted at this property to

- a. One domestic cat, or
- b. One dog, except a vicious or dangerous dog, defined as any dog with a known tendency or disposition to attack a person or a Pet without provocation, including the following dog breeds; pit bull terrier, American pit bull terrier, pit bull, Staffordshire bull terrier, American Staffordshire Terrier, Rottweiler, or any dog of mixed breeding which includes of any of these breeds, or any dog trained for fighting.
and the dog must:
 - i. Have a shoulder height of no more than 12 inches
 - ii. Have a weight of no more than 30 lbs
- c. A Service Dog as defined under the Guide Animal Act. In the case of tenants with disabilities residing at the Premises, the tenant must provide a provincially recognised Certificate for their Service Dog.

I will apply to bring my Pet with me:

No:		Yes:	
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If yes, Please complete the attached Schedule A to Application for Tenancy

Storage

All residents must store their possessions within their own personal unit. There will be limited space in a separate, but on site, facility for Bicycles and Motorized Scooters. Bicycle Storage is free of charge. Motorized Scooter Storage includes a plug-in and will be charged a monthly fee to be paid with monthly rent payments. A separate agreement will be provided for this storage. space is limited and there is no guarantee. Please indicate by initialling here if you would like to be considered for either:

Bicycle Storage		Motorized Scooter Storage	
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Rental Property Details – For Office Use Only (Applicants Do Not Complete This Page)

Apartment # _____, 4450 - 6 th Street, Peachland, BC V0H 1X6	
One Bedroom/Accessible	<input type="checkbox"/> (restricted to those receiving a recognized Disability Pension)
One Bedroom	<input type="checkbox"/>
Two Bedroom	<input type="checkbox"/>

Property rental amount will be based on size of unit and income declared by Applicant	
Per calendar month:	Payable 1 st of each month via Direct Deposit only

Property damage Deposit amount (\$):	½ of one month rent
Unit Available :	/ /

Pet Damage Deposit amount (\$):	½ of one month rent
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Scooter Storage amount payable with Rent	Monthly: \$15.00
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Tenancy Term

Periodic:	Month to Month	Fixed:	
If fixed, term will be filled in here by Landlord (months):			

Name of property manager:	
Telephone number:	
Fax number:	



Declaration

I/We declare:

- This is my application; and
- All the information in it is correct and complete to the best of my knowledge and belief.

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), Peachland Seniors Support Society and its Agents to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release to Peachland Seniors Support Society and its Agents any information pertinent to the assessment of my/our application; and
- Peachland Seniors Support Society and its Agents to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision making process to provide me/us with rental accommodation.

I/We understand:

- That this application does not constitute any agreement on the part of Peachland Seniors Support Society or its Agents to provide me/us with rental accommodation; and
- That it is my/our responsibility to advise Peachland Seniors Support Society and its Agents of any changes to the information given in this application and to provide any supporting materials required for my/our application.

Applicant's signature (s):

 X _____ X _____	
Date:	/ /



Please note any additional details you would like to provide here:



Pet Registration Application

Schedule A to Application for Tenancy

Name of Applicant (s)

<p><u>Type of Pet:</u> (circle one)</p> <p>CAT DOG</p> <p>Name of Pet:</p> <hr/>	<p><u>Physical Description of Pet</u> <u>(see restrictions in Note at bottom of document)</u></p> <p>Breed:</p> <hr/> <p>Shoulder Height</p> <hr/> <p>Weight:</p> <hr/> <p>Age:</p> <hr/>	<p><u>Date spayed/neutered</u> <u>(attach proof)</u></p> <hr/> <p><u>License Number</u></p>
<p>Contact Person who will care for pet in Emergency:</p> <p>Name:</p> <hr/> <p>Address:</p> <hr/> <p>Phone(s):</p> <hr/>		<p><u>Veterinarian:</u></p> <p>Name: _____</p> <p>Address:</p> <hr/> <hr/> <p>Phone: _____</p>
<p>Inoculations: Attach Proof of Current Inoculations</p>		<p><u>Recent Photo of Pet (attach)</u></p>



<p><u>Applicant Declaration</u></p> <p>I/We declare the information given in this application to be true and correct with respect to the pet described in this application.</p> <p>X _____</p> <p>X _____</p> <p>Signature(s) Date:</p> <p>_____</p>	<p><u>Approval</u></p> <p>Agents Signature denotes approval to this Applicant to keep the Pet as described in this application in the premises.</p> <p>X _____</p> <p>Agent Signature</p> <p>Date</p>
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Note: Pet Restrictions:

The type of pet is restricted at this property to

- a. One domestic cat, or
- b. One dog, except a vicious or dangerous dog, defined as any dog with a known tendency or disposition to attack a person or a Pet without provocation, including the following dog breeds; pit bull terrier, American pit bull terrier, pit bull, Staffordshire bull terrier, American Staffordshire Terrier, Rottweiler, or any dog of mixed breeding which includes of any of these breeds, or any dog trained for fighting.

and the dog must:

- i. Have a shoulder height of no more than 12 inches
- ii. Have a weight of no more than 30 lbs

or,

- c. A Service Dog as defined under the Guide Animal Act. In the case of tenants with disabilities residing at the Premises, the tenant must provide a provincially recognised Certificate for their Service Dog.