RENTAL APPLICATION for 4474 Timberline Cres., Fernie, BC CANADA

Application Date://	OWNER Karen Brawley, Bragg Creek, AB			PHONE	403-969-7793		
LEGAL NAME OF APPLICANT – First	APPLICANT INFORMATION Last Middle			SI#			
CURRENT ADDRESS			CITY		PROV	V & PC	
DATE OF BIRTH OCCUPPATION - FU	ull or Part Time	ANNUAL	INCOME	HOME PHONE	CE	ELL PHONE	
EMPLOYER			EMPLOYER A	DDRESS			
HOW LONG ON JOB		ITACT	IN CASE OF E	MERGENCY NOTIF	Y		
CURRENT LANDLORD						EXPIRATION DATE	
PREVIOUS LANDLORD	LANDLORD PHONE		YEARS WITH LANDLORD		LEASE EXPIRATION DATE		
CURRENT RENT	AUTO LIC PLATE	 E	DRIV LIC #			M NO PETS?	
		APPLICAN	NT INFORMATIC	DN			
NAME OF CO APPLICANT – First	Last		Middle		SI#		
CURRENT ADDRESS			CITY		PRO	V & PC	
DATE OF BIRTH OCCUPPATION- Fu	II or Part Time	ANNUAL	INCOME	HOME PHONE	CE	ELL PHONE	
EMPLOYER			EMPLOYER A	DDRESS	I		
HOW LONG ON JOB	EMPLOYER CON NUMBER	ITACT	IN CASE OF E	MERGENCY NOTIF	Y		
CURRENT LANDLORD	LANDLORD PHO	NE	YEARS WITH LANDLORD		LEASE EXPIRATION DATE		
PREVIOUS LANDLORD	LANDLORD PHO	NE	YEARS WITH	EARS WITH LANDLORD		LEASE EXPIRATION DATE	
CURRENT RENT:	AUTO LIC PLATE		DRIV LIC #		CONFIR	M NO PETS?	
NAME & RELATI	APPLICANT'S RE	FERENCE	S (OTHER THA	N RELATIVES) Address	-	PHONE	
1.							
2.				-0			
1.	CO-A	APPLICAN	TS REFERENCE	<u>=5</u>			
2.							
	APPLI	CANT'S B <i>I</i>	ANK REFERENC	CES			
CHEQUING SAVINGS.							
CREDIT CARDS/OTHER							
	CO-APP	LICANTS	BANK REFEREN	NCES			
CHEQUING							
SAVINGS							
CREDIT CARDS/OTHER							

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YOUR CREDIT HI	ISTORY		
Have you declared bankruptcy in the past seven (7) years?	Yes	No	_
Have you ever been evicted from a rental residence?	Yes	No	_
Have you had two or more late rental payments in the past year?	Yes	No	
Have you ever been convicted of a crime?		No	
QUESTIONNA			
Why are you moving?			
What type of place are you renting now?			
Do you carry insurance on your personal household belongings? Yes_ If so, do you intend to continue your belongings insurance at y	NL		
Do you carry general comprehensive liability insurance with your home If so, how much? If so, do you intend to continue your liability insurance at your			
We do not normally allow pets but may make a special provision. Do y	ou have any Pets?	YesNo	
If you have pets, please state species, breed, size, and age: Is the pet allowed to climb or be on furniture? Yes Is the pet well Trained? Yes No Has the pet harmed or bitten anyone or other pets? Yes Is the pet protective? Yes No Is the pet aggressive? Yes No Does the pet make noise (eg barking dog)? Yes	No		
Do you smoke? Yes No			
Do your room-mates / co-applicants smoke? Yes No			
Have you ever been given notice of lease termination or declined lease	e renewal by a landl	ord? Yes	No
If so when?			
If so why?			
OTHER INFORM			
Desired start-date of rental			
Planned end-date of rental			
Number of occupants			
Names occupants (if different than applicant and co-applicant)			
ADDITIONAL INFORMATION: Please give us any additional informati application.	on that might help t	he owner/managemer	nt to evaluate your

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NOTICES:

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the owner or owner's agent to perform a credit on me/us.

I/We recognize that as a part of the owner/management procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by National and Provincial law.

_		
Date	Witness	
_		
Date	Witness	

APPLICANT AUTHORIZATION Release of Information

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a recreational property, house, apartment, or condominium from the owner, manager, or agent of 4474 Timberline Cres..

Name (please print)

Signature of Applicant

Date

Witness

CO-APPLICANT AUTHORIZATION Release of Information

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a recreational property, house, apartment, or condominium from this owner, manager, or agent of 4474 Timberline Cres..

Name (please print)

Signature of Co-Applicant

Witness