



Penny Lane Property Management Ltd.

303A – 13th Street, Courtenay BC V9N 9G5
Phone (250)-897-1611 / **Fax** (250)897-1612
Website: www.pennylane.bc.ca **Email:** rentals@pennylane.bc.ca

APPLICATION TO RENT

Address of Unit: _____

Lease Term: _____ Date Required: _____ Pets: _____ Description: _____

Smoker: Yes ___ No ___ Number of Autos or RV's: _____ Number of Occupants: _____

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____ Phone #: _____

M/D/Y

Co-applicants: _____ Date of Birth: _____ Phone #: _____

M/D/Y

Email Addresses: Applicant: _____ Co-Applicant _____

TENANCY INFORMATION:

CURRENT Address: _____

Apt#, House Number Street, City, Prov, Postal Code

Lenth of Tenancy: _____ Rent Amount: \$ _____

Landlord's Name: _____ Landlord's Phone: _____

Office Use Only: Cleanliness: _____ **Class of Tenancy:** Excellent Good Poor

Comments: _____

PAST Address: _____

Apt#, House Number Street, City, Prov, Postal Code

Lenth of Tenancy: _____ Rent Amount: \$ _____

Landlord's Name: _____ Landlord's Phone: _____

Office Use Only: Cleanliness: _____ **Class of Tenancy:** Excellent Good Poor

Comments: _____

ADDITIONAL OCCUPANTS:

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

EMPLOYMENT INFORMATION:

CURRENT Employer: _____ **Position:** _____

Yearly Salary \$ _____ How Long _____

Supervisor's Name: _____ Phone: _____

If less than 3 years, please complete the past employer information.

Office Use Only:

Comments: _____

PAST Employer: _____ **Position:** _____

Yearly Salary \$ _____ How Long _____

Supervisor's Name: _____ Phone: _____

Office Use Only:

Comments: _____

CO-APPLICANT'S EMPLOYMENT INFORMATION:

CURRENT Employer: _____ **Position:** _____

Yearly Salary \$ _____ How Long _____

Supervisor's Name: _____ Phone: _____

If less than 3 years, please complete the past employer information.

Office Use Only:

Comments: _____

PAST Employer: _____ **Position:** _____

Yearly Salary \$ _____ How Long _____

Supervisor's Name: _____ Phone: _____

Office Use Only:

Comments: _____

Credit Check Authorization:

I authorize the person or firm to whom this application is submitted to obtain credit reports or other information necessary in connection with the establishment and maintenance of a credit account.

Signature: _____ Date: _____

Signature: _____ Date: _____