THE HILDON

50 Cordova St West
Vancouver, BC V6B 1C9

RENTAL APPLICATION FORM

Write legibly and clearly
All sections must be completed

APPLICANT PERSONAL INFORMATION

Name: (First, Middle, Last) _____   Birthdate _____

ID# _____   Phone # _____   Email: _____

ID TYPE _____

APPLICANT CURRENT / LAST ADDRESS

Street # _____   City _____   Province _____

Landlord's Name / Company _____   Landlord's Phone No _____

Reason For Moving/Leaving _____

LENGTH OF STAY REQUIRED

Of months   3 ☐   6 ☐   12 ☐   12+ ☐

APPLICANT EMPLOYMENT INFORMATION

Are you currently employed?   Yes ☐   No ☐   *If Yes, complete the following:*

Employment status   Full Time ☐   Part Time ☐

Employer's Name _____   Employer's Phone No. _____

Employer's Address _____   Date Hired _____

Position _____   Monthly Gross Income $ _____

Other Information _____

Previous Employment   Full Time ☐   Part Time ☐

Employer's Name		Employer's Phone No.	

Employer's Address		Monthly Gross Income $	

Date Started		Date Ended	

Reason For Leaving	

APPLICANT APPLYING AS A STUDENT

Student status   Full Time ☐   Part Time ☐

Learning Institution		Phone No.	

Address	

Course		Length of course	

Other Information	

PERSONAL REFERENCES *(references must not be from family or friends)*

NAME	ADDRESS	OCCUPATION	YEARS KNOWN	PHONE NO

EMERGENCY CONTACTS *(at least 1 required)*

NAME	ADDRESS	RELATIONSHIP	PHONE NO

AGREEMENT & AUTHORIZATION SIGNATURE

I certify that the above statements are true and hereby authorizes the verification of the above items.

I am aware that providing false statements will lead to the cancellation of the application or termination of tenancy after occupancy.

I have read and fully understood the terms and conditions of the guidelines and am aware that failure to follow any of the policies may be considered a breach of tenancy and could result in an eviction notice.

I give permission to The Hildon to verify all the information provided in this application.

22/09/2022

Applicant's Name _____   Applicant's Signature _____

Date _____