WLRM Ltd.

Signature

402 Borland St Williams Lake, BC V2G 1R7 Office 250-305-0446 Fax 250-305-2293

Email: garnettr@wlrentals.com

darcyh@ wlrentals.com

Pre-autorized Auto Debit - Please attach a

Building: Unit: __ Requested Move In date: _____ Pro-Rated Rent Amount: _____ Monthly Rent Amount: \$ Security Deposit: \$ Pet: Deposit: \$ _____ Pet: - cat □ dog □ How many

void cheque or have your Bank print out	Contact Number				
your PAD information	APPLICATION FOR TENANCY PERSONAL INFORMATION Contact Number PERSONAL INFORMATION				
	I ENSONAL INI ONNIA				
Name: First Middle Initial Last		Birthdate (r	mm)	(dd)	(yr)
Driver's License:		Social Insurance:			(optional)
Spouse/Partner: First Middle Initial		Birthdate: (mm)	(dd)	(yr)
Debands I tanana		0			(optional)
Driver's License:		Social Insu	Social Insurance:		(- /
Dependent (s):	Relationship:			Age:	Age:
	RENTAL HIS	STORY			
Present Address:			Phone: (_)	
How Long: Landlord:			Landlord	Phone: ()	
Previous Address:			Phone: (_)	
How Long: Landlord:					
Previous Address:			Phone: (_)	
How Long: Landlord:					
	EMPLOYMENT	HISTORY			
Employer's Name:	<u> </u>		Phone: ()	
			Phone: () How Long:		
Address:	CREDIT HIS		TIOW LONG	J·	
Name Add	ress	Phone		Accoun	t
	PERSONAL REF	ERENCES			
Name:	Relationship:		Pho	one: ()	
Nome o	Relationship:		Pho	one: ()	
vame:			Dhe	nne: ()	

Date