

Unit #	_____
SD.	\$ _____
Paid By	_____
Date Paid	_____

**Head Office**  
 4147 Blenkinsop Road  
 Victoria B.C. V8X 2C3  
 Ph. 250-477-1207 / Fax 250-472-1297

**Regional Office**  
 #105 2548 Walsh Drive, West  
 Lethbridge, AB. T1J 4W5  
 Ph. 403-381-7477 / Fax 403-320-1256  
 whc.regional@shaw.ca

**APPLICATION FOR RENTAL ACCOMMODATION**

The landlord acknowledges the confidentiality of this document

**APPLICATIONS MUST BE FILLED OUT COMPLETELY OR THEY WILL NOT BE ACCEPTED**

Names of Applicant(s) in full		Present Address		For How Long		
1						
2						
Phone Numbers				Number of people to occupy unit		
Residence	1	2		Adults	Children	Childs Age(s)
Business	1	2				
E-mail	1	2				
Applicant 1			Applicant 2			
S.I.N.						
Drivers License #						
Present Employer						
Phone #						
Occupation						
How Long?						
Income						
Bank						
Branch						
Present Landlord						
Reason for Leaving						
Phone #						
Previous Landlord						
Reason for Leaving						
Phone #						
NOT RELATIVES OR FRIENDS						
Three Credit References	1	1	1	1	1	1
	2	2	2	2	2	2
Relatives or friends who may be contacted in case of emergency						
Name						
Address						
Phone						
Is Your Furniture Insured Against Loss By Fire, Theft, Etc?				YES	NO	
Do You Have Any Pets? If Yes, Please List:						
Date Accommodation Required:		Day	Month	Year		
Type Of Accommodation Required:						
Security Deposits are non-refundable when applied to hold a unit						
I/we hereby certify that all statements made in this application are true and I/we hereby authorize the Landlord to conduct a personal investigation/credit check and to contact any person identified in this application.						
Dated this	day of		2011			
	Applicant #1		_____			
	Applicant #2		_____			
Office Use Only						
Approval Date:	Day	Month	Year	2011	Int.	_____