



APPLICATION FOR RENTAL ACCOMMODATION

Fax to: 250-352-5157
Email: info@alpinelakesuites.com

Applicant	
Full Name: _____	Email: _____
Home Phone: _____	Other Phone: _____
Social Insurance # _____	Date of Birth: _____
Co - Applicant	
Full Name: _____	Email: _____
Home Phone: _____	Other Phone: _____
Social Insurance # _____	Date of Birth: _____
Present Address	
Address: _____	Apt #: _____
City: _____	Province: _____
Postal Code: _____	For how Long? _____

** Social Insurance Number(s) and Date of Birth are for the purpose of completing a credit check. **

Names and ages of other proposed occupants of the apartment:

APPLICANT	
Present Employer:	_____
Address:	_____
Phone Number:	_____
Occupation:	_____
For how long?	_____
Monthly Income:	_____
Vehicle Make / Year:	_____
Licence Plate#:	_____
Present Landlord:	_____
Address:	_____

Phone Number:	_____

