



City of Coquitlam Application to Rent City Property

Lands and Properties Division
3000 Guildford Way, Coquitlam BC V3B 7N2
Tel: 604-927-3653 Fax: 604-927-3405
Email: landsales@coquitlam.ca

PRIMARY TENANT INFORMATION

Legal Name of Tenant: _____
Last Name *Given Name(s)*

Address of Current Residence: _____

Length of Time at Current Residence: _____ Birth Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reasons for Leaving Current Residence: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Smoking: YES NO

Current Employer: _____

Current Occupation: _____

Current Employer's Address: _____

Current Employer's Phone Number: _____

Current Monthly Income: _____ Length of Time with Current Employer: _____

Previous Employer: _____

Previous Occupation: _____

Previous Employer's Address: _____

Previous Employer's Phone Number: _____

Previous Monthly Income: _____ Length of Time with Previous Employer: _____

CO-TENANT INFORMATION

Legal Name of Co-Tenant: _____
Last Name *Given Name(s)*

Address of Current Residence: _____

Length of Time at Current Residence: _____ Birth Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reasons for Leaving Current Residence: _____

Smoking: YES NO

Current Employer: _____

Current Occupation: _____

Current Employer's Address: _____

Current Employer's Phone Number: _____

Current Monthly Income: _____ Length of Time with Current Employer: _____

Previous Employer: _____

Previous Occupation: _____

Previous Employer's Address: _____

Previous Employer's Phone Number: _____

Previous Monthly Income: _____ Length of Time with Previous Employer: _____

CHILDREN UNDER 19 YEARS OF AGE WHO WILL BE LIVING AT THE RESIDENCE

Name: _____

Name: _____

Name: _____

Name: _____

OTHER ADULTS WHO WILL BE LIVING AT THE RESIDENCE

Name: _____

Name: _____

Name: _____

Name: _____

PETS WHO WILL BE LIVING AT THE RESIDENCE

Type of Pet: _____

Type of Pet: _____

Type of Pet: _____

Type of Pet: _____

REFERENCE INFORMATION

Reference Current Landlord: _____

Phone Number: _____ **Address:** _____

Reference Personal: _____

Phone Number: _____ **Address:** _____

Reference Employment (Other than Current Employer): _____

Phone Number: _____ **Address:** _____

I acknowledge that the personal information provided by me on this form is provided to the City voluntarily in accordance with Section 26(d) of the *Freedom of Information and Protection of Privacy Act*. I understand that the City is collecting the information for the purposes of evaluating my rental application and administering the City's rental housing program in accordance with Section 8(2) of the *Community Charter*. Personal information belonging to other individuals supplied by me in support of my application has been provided with their consent. I understand that if I have any questions or concerns about the collection, use or disclosure of my personal information I will contact Neil Jennings, City of Coquitlam, at 3000 Guildford Way, Coquitlam BC V3B 7N2 or 604-927-3653.

I hereby authorize the City of Coquitlam to obtain such credit reports or other credit information about me from any reporting agency or from my financial institution identified on page three of this application for purposes of evaluating my rental application.

This consent is given pursuant to Section 12 of the *Credit Reporting Act*, R. S. B. C 1996, c.81, as amended.

Signature of Primary Tenant: _____ **Date:** _____

Signature of Co-Tenant: _____ **Date:** _____