



P. O. Box 880, 730 Railway Avenue, Salmo, BC V0G 1Z0
salmove@telus.net (250) 357-2629

RENTAL APPLICATION FORM

This is an application to rent: Townhouse or Apartment (circle one)

Name: Date of Birth:

Telephone/cell: Email:

Current Address:

Name of Landlord: Landlord Phone:

Additional Occupants:

Name: Age:

Name: Age:

Pets: Yes No Describe:

Employment Status:

Company:

References:

1. Name: Phone:

2. Name: Phone:

I hereby state that the information contained herein is true and I authorize my References as listed above to release information regarding my employment and/or past/current tenancies.

Signed:

Dated: